

For Home Office Use Only

\$ _____

Date _____

THE LAFAYETTE LIFE INSURANCE COMPANY
1905 Teal Road
Post Office Box 7007
Lafayette, Indiana 47903
Phone: 800-243-6631 Fax: 888-558-9329

LOST POLICY FORM

I, _____, am the owner of Policy No.

_____ for \$ _____ dated _____, which was issued by The

Lafayette Life Insurance Company of Lafayette, Indiana, on the life of _____ ;
the policy has not been sold, assigned, pledged, or otherwise disposed of or encumbered in any way; that (except as set out below) the policy is not to my knowledge in the possession or control of any other person or party; that the policy has been lost or destroyed; that I have caused diligent search and careful inquiry to be made and cannot find the policy or any trace of it; that the circumstances of such loss or destruction are as follows:

(State here when and under what circumstances the loss or destruction occurred; also, when, where, and by whom the policy was last seen.)

This form is made for the purpose of inducing The Lafayette Life Insurance Company to issue a duplicate, or copy, substantially, of the lost policy, OR a Certificate For Lost Policy in those instances where the policy lost is from a former series of which the Company no longer has printed forms available to replace the original policy. I understand and agree that a Certificate For Lost Policy is issued for information only, and creates no new or additional obligations on the part of the Company.

In consideration of the issuing of a copy of duplicate policy, I hereby release to the Company all my rights, title, and interest in and to the original policy and authorize and request the Company to cancel the same upon its books and records. For myself, my heirs, beneficiaries, executors, administrators, and assigns, I hereby agree to hold the Company harmless from all loss, damage, trouble, and expense whatsoever, directly and indirectly, on account of the lost policy, or, as the case may be, on account of the issuance of a Certificate For Lost Policy.

I further agree that if a duplicate policy is issued to me, I shall surrender and return the original policy if ever it is found; and if a Certificate For Lost Policy is issued to me, I shall surrender and return such Certificate if the original policy ever is found.

_____ Date _____ Policyowner _____

_____ Address of Policyowner _____

Phone No. _____ Tax Identification No. or Social Security No. _____

(Witness)

INSTRUCTIONS: Complete answers must be given in the space above.