



American Life & Security Corp.

Administrative Office

PO Box 717 * Frankfort, KY 40602-0717

Phone: 877.758.9333 Fax: 502.875.7084

AFFIDAVIT AND AGREEMENT PERTAINING TO LOSS OR DESTRUCTION OF POLICY

I, _____ being duly sworn, depose and say that I am the owner under Policy No. _____ issued on the life of _____, for \$ _____ dated _____ issued by American Life & Security Corp. of Lincoln Nebraska, that the beneficiary named in said policy is:

BENEFICIARY'S FULL NAME

that said policy has been lost or destroyed and I have no knowledge as to its whereabouts, that no person or persons, corporation, or association has any claim or interest in said policy, by virtue if any sale, assignment or pledge thereof, except as follows: (Here give Name and Addresses, if no exceptions, insert "No Exceptions".)

That the circumstances of the loss or destruction were as follows:

On the basis of the above affidavit, I hereby request that American Life & Security Corp. to issue a copy of the policy described above to evidence the contract witnessed thereby, said copy to be numbered the same as the original except for the word "Duplicate" stamped across the face of the new policy. In consideration of the granting of this request I undertake and agree as follows:

1. That said copy shall stand in the place and stead of the original policy for all purposes, and that the original policy, if still in existence, shall be of no further force and effect as evidence of the insurance contract of which it bore witness.
2. That the original policy, if is later comes into my possession, shall be returned promptly to the insurer.
3. That I will save the insurer harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing said copy.

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

() _____
Owner-Day time phone: Home Cell Work

X _____
Co-Owner's Name (printed)

X _____
Co-Owner's Signature (Required if Co-Owner exists)

Co-Owner's email address

() _____
Co-Owner-Day time phone: Home Cell Work

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ MONTH YEAR

My commission expires _____

Notary Public