



LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

Declaration and Agreement Pertaining to Loss or Destruction of Policy (For the Use of the Beneficiary or Assignee, if an individual)

I, _____, the undersigned, state that: I am the _____
(Beneficiary or Assignee Name) (Beneficiary or Assignee)
under Policy Number _____ for \$ _____ issued on or about _____
(Policy Date)
on the life of _____ by the Society or its predecessors; that said Policy has
(Name of Insured)
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 of any sale, assignment or pledge thereof,
except as follows:

(Here give names and addresses; if no exceptions, insert "No Exceptions")

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

(Here give FULL details as to loss or destruction)

***On the basis of the above declaration, I hereby request that the Luso-American Financial issue a copy of the policy described above or a certificate of insurance in lieu thereof to evidence the contract witnessed thereby, said copy to be numbered the same as the original except for the addition of the letter "B / C / D" (circle ONE).
In consideration of the granting of this request I undertake and agree as follows:***

1. That said copy or certificate shall stand in the place and stead of the original Policy for all purposes; 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 later found, 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.

I declare under penalty of perjury for foregoing is true and correct.

Executed on _____, _____, _____
Month and Day Year City State

" " 's Address: _____
Number & Street City State Zip

" " 's Phone#: _____ " " 's E-Mail Address: _____

Printed Name of Beneficiary/Assignee: _____ Printed Name of Witness: _____

Signature of Beneficiary/Assignee: _____ Signature of Witness: _____

***NOTE: You MUST have this form NOTARIZED by a duly licensed Notary Public (attach Notary affidavit) UNLESS witnessed by a Luso Agent, Employee or Secretary.**