



United Funeral Directors Benefit Life Insurance Company

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United Pre-Need Funeral Plans, Inc

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## LOST POLICY AFFIDAVIT

I, \_\_\_\_\_, the owner (Beneficiary if owner deceased) of policy number and/or paid up certificate \_\_\_\_\_ (hereinafter referred to as the "original policy") of the Company on the life of \_\_\_\_\_ do hereby warrant and declare that said policy has been lost or destroyed, that I have no knowledge whatsoever of the present whereabouts of said policy, that there has been no sale, transfer, or assignment of said policy and that no person or persons, other than the undersigned, has any claim, title or interest therein or thereto or to any part thereof whatsoever. I agree to indemnify and protect the Company against any claim that may be asserted against the Company under said original policy which is alleged to have been lost, destroyed, stolen or wrongfully converted. The undersigned hereby agrees to notify the Company if said policy ever shall be found or discovered.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Owner's Social Security Number

\_\_\_\_\_  
Owner's Phone Number

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Street/City/State/Zip Code

\_\_\_\_\_  
Signature of Owner's  
(If deceased, Signature of Beneficiary)

\_\_\_\_\_  
Signature of Witness