



**AFFIDAVIT OF LOST POLICY**

I (we), \_\_\_\_\_  
\_\_\_\_\_ being of lawful age, state that  
the contract(s) on the following policies: \_\_\_\_\_,  
issued by: \_\_\_\_\_  
on the life of \_\_\_\_\_ have  
been lost or destroyed and not in my possession: and said policy(s) are not assigned or pledged except  
to \_\_\_\_\_, in any  
way whatsoever; and that I am the beneficiary under said policy(s) which became a claim due to the  
death of the aforesaid insured.

Beneficiary: _____	Date: _____
Beneficiary: _____	Date: _____
Beneficiary: _____	Date: _____
Beneficiary: _____	Date: _____
Witness: _____	Date: _____

**BENEFITS REASSIGNED TO:  
Funeral Funding Center  
P.O. Box 7070  
Rainbow City, AL 35906  
Ph: 888.866.6083  
Fax: 954.874.2475**