

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:
C&J Financial, LLC
P.O. Box 7070
Rainbow City, AL 35906
Ph: 800.785.0003
Fax: 866.785.0030