

AFFIDAVIT & AGREEMENT PERTAINING TO LOSS OR DESTRUCTION OF POLICY

I _____, being duly sworn, depose and say that I am the _____ under Policy Number _____ for P_____ which was issued dated _____. 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 of any sale, assignment or pledge thereof, and that the circumstances of the loss or destructions were as follows:

(Important: Full details as to loss or destruction must be given)

On the basis of the above affidavit, I hereby request that FORTUNE LIFE INSURANCE CO., INC., issue a copy of the policy described above. 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 it 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.

Signed at _____ this _____ day of _____ 20__.

 Signature of Witness
 over Printed Name

 Signature of Insured / Policy Owner
 over Printed Name