



**CATHOLIC ORDER OF FORESTERS**

A FRATERNAL BENEFIT LIFE INSURANCE SOCIETY SINCE 1883

355 Shuman Boulevard, PO Box 3012, Naperville, IL 60566-7012  
Toll-free 800-552-0145 • TTY 800-617-4176 • [www.CatholicForester.org](http://www.CatholicForester.org)

**STATEMENT OF LOSS OF  
INSURANCE POLICY**

Please Print

Court Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address/City/State/Zip

- I am a member of Catholic Order of Foresters (Order), located at Naperville, Illinois. The Order has issued life insurance policy number \_\_\_\_\_ on my life in the amount of \$ \_\_\_\_\_
- The insurance policy listed above has been lost or destroyed, and I have no present knowledge of its whereabouts.**
- No person or corporation has any claim or interest in this insurance policy as a result of any agreement arising from premium payments, promise, contract, assignment, or otherwise. I am this policy's only, true, complete, and lawful owner.
- Based on these statements, I request that Catholic Order of Foresters issue me a Duplicate Insurance Policy or an Official Document bearing the original lost or destroyed policy's number and setting forth the principal terms regarding insurance type and amount.
- I agree to indemnify and hold the Order harmless for any and all damages, costs, and/or expenses (including but not limited to attorney fees) in issuing a duplicate policy.

This policy's current beneficiary designation is listed below. If you desire to make a change, please complete enclosed Form 138.

Name of present beneficiary	Relationship to insured	Percentage or fraction
<b>Contingent beneficiary</b>		

- If the lost policy is found, I will return it promptly to Catholic Order of Foresters.

\_\_\_\_\_  
Policy Owner's Signature

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

\_\_\_\_\_  
Date

Witness' Address \_\_\_\_\_  
Street Address/City/State/Zip