



STATEMENT OF LOSS OF INSURANCE POLICY

Please Print

Court Number _____ Policy Number _____

Policy Owner 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 on the life of _____ in the amount of \$ _____.
INSURED'S NAME
- 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.

Primary beneficiary names	Relationship to insured	Percentage or fraction
Contingent beneficiary names	Relationship to insured	Percentage or fraction

- 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