

# Assurance Funeral Funding

11650 Lantern Road, Suite C  
Fishers, IN 46038  
Office: 1-888-359-3040  
Fax: 1-800-859-6083

## AFFIDAVIT OF LOST POLICY

Date: \_\_\_\_\_

I, (We), \_\_\_\_\_ being of lawful age, state

that I (We) are the beneficiary (ies) of the insurance contract(s) with policynumber:

\_\_\_\_\_ issued by: \_\_\_\_\_

on the life of \_\_\_\_\_ who died \_\_\_\_\_

Affiant further states that said policy has been lost, and does hereby agree that in the event said policy is found, to return the aforementioned policy to the office of the said insurance company for cancellation.

Beneficiary (ies):

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Print Name:

Signature:

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Print Name:

Signature:

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Print Name:

Signature: