

North Carolina Mutual

FINANCIAL

Serviced by Kevin Smith

AFFIDAVIT OF LOST POLICY

Deceased Name: _____ Insurance Company: _____

I, (We), _____ of lawful age, state that the contract(s) on Policy numbers: _____, _____, _____, _____, _____, have been lost or destroyed and not in my possession; and said policy (ies) are not assigned or pledged except to _____ in any way whatsoever, that I, (we) am (are) the beneficiary (ies) under said policy which became a claim due to the death of the aforesaid insured.

Beneficiary: _____

Date: _____

Witness: _____

Date: _____