



AFFIDAVIT OF LOSS AND REQUEST FOR DUPLICATE POLICY

NAME OF INSURED _____

POLICY NUMBER(S) _____

ADDRESS _____

NAME OF BENEFICIARY _____

I am the owner of the above stated policy issued by Family Guardian Insurance Company, Limited. No person(s), corporation(s), bank(s), or association(s) have any claim or interests in said policy(ies) by virtue of any sales, assignment, or pledge thereof, except the Insured named above.

I certify that the above policy is lost and that the circumstances of loss or destruction were as follows:

(Given full details as to the loss or destruction)

On the basis of the above affidavit, I hereby request that Family Guardian Insurance Company, Limited issue a duplicate of the policy described above, or a certificate of insurance, to evidence the contract witnessed thereby, said duplicate, or certificate to be numbered the same as the original. In consideration of the granting of this request I undertake and agree as follows:

1. That said duplicate shall stand in the place and stead of the original policy for all purposes.
2. That if the original policy is later found, the duplicate or certificate shall be returned promptly to the Company for cancellation and the original returned for endorsement of any policy changes since issuance of the duplicate or certificate.
3. That I will assume all liability for loss or injury to said Company which may occur as a direct or indirect result of issuing this duplicate policy or certificate of insurance.

Dated at _____ this _____ day of _____ 20_____

 Witness

 Signature
(on ages under 19 next Birthday, the Parent or Guardian must answer and sign for the Insured)

 Witness

 Other signature if required

Agent _____ District _____ Debit _____



APPLICATION FOR CHANGE

NAME OF INSURED _____

POLICY NUMBER(S) _____

(1) CHANGE OF AGE

Issued at age _____ Date of Birth _____

Correct age at issue _____ Date of Birth _____

(2) CHANGE IN PLAN (FACE REDUCTION) AMOUNT

From plan _____ Amount _____ Premium _____

To plan _____ Amount _____ Premium _____

Converted from plan _____ to plan _____

(3) I HEREBY MAKE APPLICATION FOR THE

Cash Surrender Value Maturity Value Pure Endowment

Paid-Up Insurance Value Extended Insurance Value

I agree that these changes shall be an amendment to my original application and further agree that the changes will not be effective until this application is approved by the Company. In the event of request for change in plan or amount, I hereby surrender all my right, title and interest in the policy as written prior to the change herein requested. In the event of request for Cash Surrender of Maturity Value, it is understood that any indebtedness against the policy will be deducted and the policy will be surrendered to the Company for cancellation.

Dated at _____ this _____ day of _____ 20_____

Witness

Signature
(on ages under 19 next Birthday, the Parent or Guardian must answer and sign for the Insured)

Witness

Other signature if required

Agent _____ District _____ Debit _____