



## LOST POLICY DECLARATION

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POLICY NUMBER:

LIFE INSURED:

POLICY OWNER:

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As the Owner of this Policy, I declare that I do not know where the Policy is and that I believe that it has been lost, mislaid, or destroyed. I have not made any assignment, or appointment of, or in any way dealt with the Policy. I agree to indemnify the Company from any claim, demand, action, or proceeding which may arise from any source or for any reason under the original Policy.

I fully understand that the terms, privileges and provisions of the original Policy shall always govern.

I request that The Empire Life Insurance Company issue to me (please check one box below)

- Policy Certificate, specifying the details of my Policy.
  - Duplicate Policy, if available, for which I am paying the fee as determined by the Company.
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COMMENTS (if any):

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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

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Policy Owner