

**STATEMENT OF LOSS OR DESTRUCTION OF POLICY**  
 GOLDEN STATE MUTUAL LIFE INSURANCE COMPANY-LOS ANGELES, CALIFORNIA 90051

*IMPORTANT: Read instructions on other side before completing this Statement. Complete this form only after you have made a thorough search for the Policy or have verified it was destroyed.*

DATE	NAME OF INSURED
POLICY NO.	ADDRESS

For the purpose of establishing the loss or destruction of the above numbered Policy issued by the Golden State Mutual Life Insurance Company, the undersigned hereby supply the following information:

- When did the loss or destruction of the Policy occur? \_\_\_\_\_
  - In whose possession was the Policy at that time? Name: \_\_\_\_\_
  - What do you know about the loss or destruction of the Policy? Explain fully: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- What steps have you taken to locate the Policy? Explain fully: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Has the policy or any interest in it been assigned, transferred, pledged or delivered to anyone? If so, please give full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

On the basis of the above representations, the Company is hereby requested to issue a Lost Policy Certificate. In consideration of the granting of this request the undersigned hereby agrees as follows:

- If the original Policy is later found, the Lost Policy Certificate shall be returned promptly to the Company and shall be of no further force and effect as evidence of the insurance contract of which bore witness.*
- To save the Company harmless from all loss or injury which may occur as a direct or indirect result of its acts of issuing said Lost Policy Certificate.*
- That if a copy of the Policy described above is issued the said copy shall stand in the place and stead of the original Policy for all purposes and that the original Policy, if still in existence, shall be of no further force and effect as evidence of the insurance contract to which it bore witness.*

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Policyowner

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Signature of Assignee or Other Party

CERTIFIED BY (AGENT/CLERK)	DEBIT NO.	M.L.P.
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