



Claimant's Statement of **Lost Certificate**
(For use with Cash Surrender Only)

This section must be completely filled out and witnessed if the original insurance Certificate (policy) is missing.

I, _____ hereby state that:
(Print full name of Insured Person)

- I am member of the First Catholic Slovak Ladies Association and the holder of certificate number(s) _____
(Print Certificate Number)
- said certificate(s) is lost, and after diligent search cannot be found and,
- therefore, cannot be returned to the First Catholic Slovak Ladies Association.

In the event the original certificate (policy contract) is found, it shall be null and void for any purpose whatsoever.

Insured's Signature (if applicable, Documented Owner's/Guardian's/Power of Attorney's)

SS# of Insured Person (Documented Owner's SS# if signing above)

Witness' Signature ~ Not Related

Date