

**Affidavit and Agreement Pertaining to Loss or Destruction of Policy**

I, \_\_\_\_\_, depose and say that I am the Owner under Policy Number \_\_\_\_\_ issued by Directors Life Assurance Company, Oklahoma City, Oklahoma.

No person or persons, corporation or association has any sale, assignment or pledge thereof, except as follows:

\_\_\_\_\_  
(If not assigned or pledged, insert "No Exception")

Said Policy has been lost, mislaid, or destroyed and I have no knowledge as to its whereabouts. The circumstances of the loss or destruction were as follows:

\_\_\_\_\_  
\_\_\_\_\_  
On the basis of the affidavit, I hereby request that Directors Life Assurance Company, in Oklahoma City, Oklahoma, surrender the policy. In consideration of the granting of this request, I undertake and agree as follows:

1. That should the original policy be found, or come into my possession, I will immediately notify Directors Life Assurance Company and promptly deliver said Policy to it for any endorsements that may be required.
2. That I will indemnify and save harmless Directors Life Assurance Company from any and all loss or damage that may arise as a direct or indirect result of the action requested above.
3. That all of the agreements and representations herein contained shall likewise be binding on my heirs, executors, administrators and assigns named in the above Policy.

Enclosed is Administration Fee of \$10.00 for processing Loss Policy documentation.

Dated at \_\_\_\_\_ (City and State), the \_\_\_\_\_ day of, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Policy Owner Address

\_\_\_\_\_  
Policy Owner Address

\_\_\_\_\_  
Policy Owner Telephone Number

\_\_\_\_\_  
Signature of Witness to Policy Owner Signing

**DIRECTORS LIFE ASSURANCE COMPANY**  
P.O. Box 20428  
Oklahoma City, OK 73156

405-842-1234  
800-256-8003  
405-842-4998 fax