



Lost Policy Form

State of _____ }
County of _____ } SS:

_____ (Beneficiary/ies) being first duly sworn deposes and says that Policy(ies) No. _____ issued by the GBU on the life of _____ (Member's Name) has/have been lost or destroyed, and that although a diligent search has been made, the Policy(ies) cannot be found. I/We agree that if the Policy(ies) is/are found, it will be sent to GBU. I/We further declare that the Policy(ies) is/are not assigned nor transferred to or held by any person or persons whomsoever, nor in any way charged as security for monies advanced or valued received. This declaration is made to introduce GBU to effect settlement of the claim under the Policy(ies) with knowledge by me/us that GBU will rely upon the truth on the statements herein made. I/We, for myself/ourselves, my/our heirs, executors, administrators and assignees release GBU from further claim under the Policy(ies).

Subscribed and sworn to before me
this ____ day of _____, 20 ____

Notary

County State

My commission expires _____

Beneficiary(ies) Signature(s)