



**LIFE INSURANCE COMPANY OF ALABAMA
PO BOX 349
GADSDEN, AL 35902**

LOST POLICY AFFIDAVIT

I, _____, hereby certify that Policy Number _____ issued by the Life Insurance Company of Alabama has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. Should the original policy be found, I agree to return the policy to the Life Insurance Company of Alabama.

OWNER:

DATE

Witness (Non-Related)