



UNIVERSAL AFFIDAVIT FOR LOST POLICY

I (We), the undersigned, hereby certify and upon oath represent that Policy number _____ issued on the life of _____, insured, on the ____ day of _____, _____, has been lost or destroyed and that said policy is not assigned, hypothecated or pledged except to **Surety Capital Corporation 6145 WEDGWOOD DR., FORT WORTH, TEXAS 76133** in any way whatsoever; that I (we) the undersigned, am (are) the beneficiary under said policy, and that this policy became a claim due to the death of the aforesaid insured, on the ____ day of _____, 20___. It is distinctly understood and agreed that should the original policy be found, it is to be returned to the _____ Life Insurance Company its successors or assigns.

I (We) further agree that if any other person should surrender the policy to the INSURANCE COMPANY and make demand for payment therefore from the company claiming to own the policy by virtue of a gift of said policy from the insured to such other persons during the lifetime of the insured and should a Court of Law or Equity Judicially determine that such other person or persons rather than the undersigned is entitled to be paid the proceeds of this policy then in that event, I (we) agree to reimburse said company for the amount so paid to the undersigned.

Beneficiary Signature

Beneficiary Signature