



LOST POLICY STATEMENT AND AGREEMENT

Name of Owner and Mailing Address For Insurance Purposes (type or print)

Form area for owner name and address with curved lines indicating where to write.

Date

Policy Number

Name of Insured

Date of Birth

The above-referenced policy, issued on the life of _____ dated _____, by Shenandoah Life Insurance Company of Roanoke, Virginia, the Insurer, has been lost or destroyed.

ISSUE A CERTIFICATE/OR DUPLICATE, IF AVAILABLE, OF INSURANCE TO REPLACE THE ORIGINAL POLICY

The Certificate/Duplicate is to be issued in consideration of the following statements and agreements.

1. Is the policy held by anyone who refuses to surrender it? Yes No

If the answer is "Yes," give full details _____

2. Has the policy been lost or destroyed? Yes No

If the answer is "Yes," give full details _____

I understand that the Certificate/Duplicate in no way changes or modifies the terms of the contract, but is evidence solely that this policy was issued and is an outstanding obligation of the Company.

USE THIS FORM IN PLACE OF THE ORIGINAL POLICY, DUE TO TERMINATION

I certify that no persons, corporations, or associations have any claim or interest in said policy by virtue of sale, assignment, gift or pledge thereof, or otherwise.

I agree that should this policy be found or come into my possession, I will immediately return it to the Insurer.

I hereby release the Insurer from any obligation under this policy and will hold the Insurer harmless from all loss or injury which may result from its payment of the surrender value or proceeds of the policy to me.

Signed this _____ day of _____, _____.

X _____
Signature of Witness

X _____
Signature of Owner

X _____
Signature of Irrevocable Beneficiary

Pin Number, if applicable

Social Security Number of Owner