



# LUSO-AMERICAN FINANCIAL

A Fraternal Benefit Society

## Declaration & Agreement Pertaining to Loss or Destruction of an ANNUITY or Life Insurance Policy (For the use of the Annuitant / Insured)

I, \_\_\_\_\_, the undersigned, state that: I am the Owner of Policy Number \_\_\_\_\_ issued on or about (date) \_\_\_\_\_, by the Society or its predecessors; and that the Beneficiary (s) named in said Policy is (are):

\_\_\_\_\_  
\_\_\_\_\_

That no person or persons, corporation or association, has any claim or interest in said Annuity contract by virtue of any sale, assignment or pledge thereof, except as follows:

\_\_\_\_\_  
(Here give names and addresses; if no exceptions, insert "No Exceptions")

that the circumstances of the loss or destruction were as follows:

\_\_\_\_\_  
(Here give FULL details as to LOSS or destruction)

**On the basis of the above declaration, I hereby request that the Luso-American Financial issue a copy of the policy described above or a certificate of insurance in lieu thereof to evidence the contract witnessed thereby, said copy to be numbered the same as the original except for the addition of the letter " B / C / D" (circle ONE). In consideration of the granting of this request I undertake and agree as follows:**

1. That said copy or certificate shall stand in the place and stead of the original Policy for all purposes; that the original Policy, if still in existence, shall be of no further force and effect as evidence of the Policy of which it bore witness.
2. That the original Policy, if later found, shall be returned promptly to the Society.
3. That I will save the Insurer harmless from all loss or injury which may occur as a direct or indirect result of its act of issuing said copy.

**I declare under penalty of perjury for foregoing is true and correct.**

Executed on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
Month and Day Year City State

Owner's Address: \_\_\_\_\_  
Number & Street City State Zip

Owner's Phone#: \_\_\_\_\_ Owner's E-Mail Address: \_\_\_\_\_

Printed Name of Annuitant/Insured: \_\_\_\_\_ Printed Name of Witness: \_\_\_\_\_

Signature of Annuitant/Insured: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

**\*NOTE: You MUST have this form NOTARIZED by a duly licensed Notary Public (attach Notary affidavit) UNLESS witnessed by a Luso Agent, Employee or Secretary.**