

LOST POLICY FORM

I certify that I am the owner of Policy # _____ . The policy has been lost or destroyed and cannot be found after a careful and diligent search. I understand and agree that this copy is not a new, separate, or bona fide Policy, and is furnished to act as a memorandum for information and reference only because the original Policy has been lost. If the Policy is ever found or recovered, I will return it immediately to Colorado Bankers Life Insurance Company.

DATED AT _____ THIS _____ DAY OF _____ , 20 _____

WITNESS _____ SIGNATURE OF OWNER _____

ADDRESS _____

A Duplicate Policy Fee of \$20.00 (payable to Colorado Bankers Life Insurance Company) must be included with this completed form. A Certificate of Insurance will be issued if no fee is received.