Standard Life Insurance
Company of Indiana
®10689 N. Pennsylvania, Indianapolis, IN 46280
(800) 222-3216

AFFIDAVIT FOR LOST POLICY

Please complete the following information:

Policy Number_____

Insured/Annuitant_____

Insured/Annuitant S.S. #_____Date of Birth_____

Owner_____

Owner's S.S. #_____Date of Birth_____

Owner's Address_____
Street City State Zip Code

This form is dated at _____on the ____ day of _____, 20_____.
City/State

The policy referenced above has been lost or destroyed, no assignment has been made of it, and no bankruptcy proceedings are pending against me; therefore, in consideration of these facts, I agree to hold Standard Life Insurance Company of Indiana harmless from any claim or loss whatsoever arising under the original policy. If at some future date the policy is found, I/we will return said policy to Standard Life Insurance Company of Indiana at the above address.

An adult must witness the beneficiary's signature.

_____ _____
Signature of Beneficiary Date

_____ _____
Signature of Witness Date