AMERICAN AMICABLE GROUP

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
IA AMERICAN LIFE INSURANCE COMPANY
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA
PIONEER AMERICAN INSURANCE COMPANY
PIONEER SECURITY LIFE INSURANCE COMPANY

Client Experience Department • PO Box 2549, Waco Texas 76702-2549 • Fax: 254-297-2105 • Email: cx@aatx.com

PLEASE USE BLACK OR BLUE INK

Policy / Certificate Number: _____ Insured: _____

Owner (if other than insured): _____

LOST POLICY STATEMENT AND DUPLICATE POLICY REQUEST

I (we) do hereby declare that I (we) am (are) the owner(s) of this policy issued or assumed by the company indicated above and that said policy is not in my (our) possession and is not in the possession or control of any other person to the best of my (our) knowledge. I (we) further declare that said policy has not been sold, assigned, or transferred and that no person, party or corporation holds any legal or equitable claim, trust or charge on said policy.

I (we) agree that should the original policy be found, it will be returned to the company immediately.

Owner (Signature)	Date	Witness (Optional)

Address of Owner – City, State, Zipcode

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Signature Requirements

1. Signatures should be witnessed by a disinterested party of legal age.
2. If the policy is assigned, the assignee does not have to sign.
3. If the Owner resides in a community property state, we recommend that the Owner's spouse also sign the form. This is for the protection of both parties. Please indicate your status as spouse or owner on the signature lines above.
4. If the policy is owned by a partnership, association or company, this form should be signed by an officer other than the insured. If the company is incorporated, 2 officers (neither of which should be the insured) should sign the form and include a copy of the Articles of Incorporation or other document that authorizes them to sign for the corporation. If there is only 1 corporate officer for and incorporated entity, please advise us on the form.