

AMERICAN SAVINGS LIFE INSURANCE COMPANY

(480) 835-5000 ● 1-800-880-2112
935 East Main Street, Suite 100
Mesa, AZ 85203-8849

AFFIDAVIT OF LOST POLICY

STATE OF _____

COUNTY OF _____

I/We, _____, hereafter referred to as OWNER,
being duly sworn, doth depose and say that

- A)** He/she/they is/are the owner(s) under policy number(s):
issued by AMERICAN SAVINGS LIFE INSURANCE COMPANY;
- B)** That said policy(s) has/have been lost or destroyed and cannot be produced nor found;
- C)** Deponent(s) further state(s) that should the original policy(s) ever be found, it/they will be promptly forwarded to AMERICAN SAVINGS LIFE INSURANCE COMPANY at its home office in Mesa, Arizona; and
- D)** Deponent(s) hereby covenants, agrees and warrants that AMERICAN SAVINGS LIFE INSURANCE COMPANY shall and will at all times hereafter, by this/these deponent(s), his/her/their heirs, executors, administrators and assigns, be fully indemnified and held harmless against any and all claims which may be made by reason of or growing out of said original policies.
- E)** Deponent(s) further state(s) that he/she/they never in any manner whatsoever assigned, hypothecated or pledged for security, or otherwise, the said policy/policies above mentioned.

Dated at *(location)* _____ This _____ day of _____ 20____

Signature: _____

Signature: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, 20____, by the appearance before me of _____

IN WITNESS WHEREOF, I have set my hand and official seal

Notary Public

My Commission Expires: