

**Directors' Funding Source**  
10603 Holly Springs  
Houston, Texas 77042

1-866-277-4212 Toll free  
1-713-481-0280 Fax  
[dfs@directorsfunding.com](mailto:dfs@directorsfunding.com)

## **AFFIDAVIT FOR LOST POLICY**

I (We), the undersigned, hereby certify and upon oath represent that Policy number \_\_\_\_\_ for \$\_\_\_\_\_, issued on the life of \_\_\_\_\_, insured, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, has been lost or destroyed and that said policy is not assigned, hypothecated or pledged except to the **DIRECTORS' FUNDING SOURCE, 10603 HOLLY SPRINGS DRIVE, HOUSTON, TEXAS 77042-1409** in any way whatsoever; that I (we) the undersigned, am (are) the beneficiary under said policy, and that this policy became a claim due to the death of the aforesaid insured, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. It is distinctly understood and agreed that should the original policy be found, it is to be returned to the \_\_\_\_\_ Life Insurance Company its successors or assigns.

I (We) further agree that if any other person should surrender the policy to the Insurance Company and make demand for payment therefore from the company claiming to own the policy by virtue of a gift of said policy from the insured to such other persons during the lifetime of the insured and should a Court of Law or Equity Judicially determine that such other person or persons rather than the undersigned is entitled to be paid the proceeds of this policy then in that event, I (we) agree to reimburse said company for the amount so paid to the undersigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature