



WESTERN UNITED LIFE ASSURANCE COMPANY

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New Business
Existing Business
**DECLARATION OF
LOST POLICY**

PLEASE TYPE OR PRINT USING BLACK OR BLUE BALLPOINT PEN ONLY

I, _____ hereby declare under penalty of perjury
that policy number(s) _____, issued on the life of
_____ has been lost or destroyed; that it has
not been delivered to any person having any right, title or interest in it.

X

Signature of Owner

Date

Signature of Joint Owner *(if applicable)*

Date

Witness\Agent