



WESTERN UNITED LIFE ASSURANCE COMPANY
 929 W SPRAGUE AVE • PO BOX 2290 • SPOKANE WA 99210-2217
 509.835.2500 • 800.247.2045 • www.wula.com

New Existing Business

**DECLARATION OF
 LOST CONTRACT**

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.

 Signature of Owner

 Date

 Signature of Joint Owner *(if applicable)*

 Date

 Witness\Agent