



AFFIDAVIT OF LOST POLICY

I (We), _____, being the lawful age, state that I
(we) are the beneficiary(ies) of the insurance contract(s) with policy number _____
issued by American Century Life Insurance Company of Texas
on the life of _____ who died on _____
(Name of the Deceased Individual) (Date of Death)

Affiant further states that said policy has been lost, and does hereby agree that in the event said policy is found, to return the aforementioned policy to the office of American Century Life Insurance Company of Texas.

Beneficiary(ies):

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

Witness:

_____	_____	_____
Print Name	Signature	Date