

**GULF GUARANTY LIFE INSURANCE COMPANY
P. O. BOX 12409
JACKSON, MS 39236-2409**

AFFIDAVIT OF LOST POLICY - BENEFICIARY

I, _____ the undersigned, do hereby declare and state that I am the Beneficiary of the following policy(ies) issued by Gulf Guaranty Life Insurance Company on the life of _____, Social Security Number _____.

Policy Number _____	Face Amount _____
Policy Number _____	Face Amount _____
Policy Number _____	Face Amount _____

I do hereby state that the above listed policy(ies) has/have been lost or destroyed. I hereby acknowledge and agree that should the original policy(ies) be found, it/they will be returned to Gulf Guaranty Life Insurance Company. By signing this affidavit, I, and my successors or assigns, hereby release Gulf Guaranty Life Insurance Company, its successors, assigns, affiliates, parent and subsidiaries from any and all liability or cause of action associated with the policy(ies).

Signature of Beneficiary

Date

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My commission expires:
