Federal Life Insurance Company
PO Box 147 • Lincolnshire, Illinois 60069
(800) 233-3750 • www.federallife.com

STATEMENT OF LOST CONTRACT

I, _____, hereby certify that the original contract or any subsequently provided duplicates of Contract Number _____, on the life of _____ have been lost or destroyed and are no longer in the possession of any known individual or party.

I further agree that if any document whether original or duplicate is found under the contract number indicated above it will be returned to Federal Life Insurance Company or duly destroyed.

_____ _____
Signature of Owner Date

For Home Office Use Only

☐ Claim ☐ Duplicate ☐ Surrender/Cancellation

☐ Conversion/Replacement ☐ Maturity ☐ External 1035 Exchange

Clear Form