

Indianapolis Life Insurance Company
STATEMENT OF LOSS OR DESTRUCTION

I _____ Owner of Policy No. _____
issued on or about _____, _____ by the Indianapolis Life
Insurance Company, on the life of _____, hereby
state that this policy is not now in my possession or under my control due to accidental loss or
destruction. I further state that the policy has not been assigned, pledged, transferred, loaned, given
away, orally or in writing, or delivered to any persons whomsoever as security or otherwise, except:

- This statement is made for the purpose of obtaining from the Company a copy or
duplicate of the policy, or a certificate in lieu thereof.
- This statement is offered in lieu of the original policy for surrender, cancellation
or amendment.

I agree to return the duplicate policy or certificate to the Company at once, if the original policy is found.

Witness

Signature of Owner

Date

The undersigned assignee joins in the foregoing statement and consents to the issuance of a duplicate
policy, or certificate in lieu thereof.

Witness

Signature of Assignee

Date

Title