

# National Teachers Associates Life Insurance Company

P.O. Box 802207  
Dallas, Texas 75380  
Toll-free Number 888/671-6771

## AFFIDAVIT FOR LOST POLICY

I, \_\_\_\_\_, owner under Policy No. \_\_\_\_\_,  
Name of Owner Policy Number(s)  
dated \_\_\_\_\_ issued by National Teachers Associates Life Insurance Company, Dallas,  
Issue Date  
Texas, hereby certify that said policy has been lost or destroyed. I, therefore, request that National Teachers Associates Life Insurance Company accept this Affidavit in lieu of the policy itself.

Should the policy be found or in any way come into my possession, I will return or cause the same to be returned to National Teachers Associates Life Insurance Company, its successors or assigns.

I certify that said policy is not assigned, hypothecated, or pledged in any way whatsoever.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City, State

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
City, State Zip Code