

DECLARATION OF THE LOSS OF POLICY

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
Durham North Carolina

Policy No. _____ Kind _____ Debit No. _____ Date of Birth _____

Amount _____ Name of Insured _____

Name of

Date of Policy _____ Beneficiary _____

I (We), the undersigned, hereby declare that I (we) am (are) the insured and beneficiary, respectively, under the above described policy, issued by North Carolina Mutual Life Insurance Company.

I (We), further declare that said policy is lost or destroyed, and that it has not been sold, nor transferred to any other person.

I (We), therefore, stipulate and agree that upon receipt of any settlement of said policy, that North Carolina Mutual Life Insurance Company will, under no condition be required to produce the original policy as evidence that settlement of said policy has been made. I (We) further agree that receipt and or release given to the North Carolina Mutual Life Insurance Company by me(us) for such settlement shall be full and sufficient acknowledgment to said Company of the discharge of any and all of its obligations under said policy.

It is intended and fully understood and agreed that this Declaration of Loss of Policy shall be pleaded as bar as evidence against any and all claims which the undersigned has (have) or might have in the future against said North Carolina Mutual Life Insurance Company, and shall forever bar any suit at law or in equity arising out of said policy.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) this _____ day of _____, ____

Signature of Insured

STATE OF _____)
CITY OF _____)
COUNTY OF _____)

Signature of Beneficiary

On this _____ day of _____, _____ before me personally came _____ and _____ to me known to be the person(s) described in, and who executed the foregoing instrument and he (they) severally duly Acknowledged to me that he (they) executed the same.

Notary Public

NOTARY'S SEAL
My Commission expires _____