

Foresters Life Insurance and Annuity Company
Statement of Lost Contract/Policy & Request for Duplicate



INFORCE SERVICES DEPARTMENT . Raritan Plaza 1, P.O. Box 7836 . Edison, New Jersey 08818-7836 . 1-800-832-7783. www.foresters.com

Contract/Policy Number: _____
 Name of Owner: _____
 Name of Annuitant/Insured: _____ (Phone#): _____
 Owner's Current Address: _____

A. Select the appropriate box from the options below: (if this is a request for duplicate contract/policy, you must select both options)

- My contract/policy is lost
- Issue a duplicate contract/policy

B. Lost Policy Declaration and Signature:

The undersigned does hereby certify that the following statements are true for the above contract/policy:

1. The contract/policy has been lost or destroyed.
2. No one has the contract/policy.
3. It is not now assigned, or otherwise transferred to anyone.
4. It is not in any way pledged as security for money advanced or value received.

In consideration of the granting of this duplicate contract/policy request, the undersigned hereby agrees as follows:

1. That if the original contract/policy is found it will be returned to the administrative office.
2. To indemnify and hold Foresters Life Insurance and Annuity Company harmless from all loss or injury which may occur as a direct or indirect result of granting this request.



Signature of Owner #1

SS#

Date



Signature of Owner #2

SS#

Date

Please refer to the chart for signature requirements:

Policy Owner:	Form must be signed by:	Additional requirements:
Trust	Trustee	Evidence that the Trust is in effect and of qualification of Trustee. (Certificate of Authority)
Minor	Guardian	Letters of guardianship
Assignee	Assignee	Evidence of Authority to sign
Corporation	Corporate officer	Corporate resolution



The form must be fully completed and mailed to the home office in order to process the request.