

**FORT DEARBORN LIFE INSURANCE COMPANY**  
**LOST CERTIFICATE STATEMENT**

**INSTRUCTIONS**

Have the insured complete this form when a certificate has been lost or misplaced. A duplicate certificate will be issued in exchange for the completed form and sent to the policyholder for delivery to the insured.

NAME OF INSURED		NAME OF POLICYHOLDER	
CERTIFICATE NUMBER	EFFECTIVE DATE OF CERTIFICATE	GROUP POLICY NUMBER	SECTION NUMBER

The above stated certificate, issued by Fort Dearborn Life Insurance Company, has been lost or destroyed. I have made a thorough search for it and it cannot be found. I have not delivered, assigned, pledged, or transferred the certificate, or any of its benefits, and I desire to have a duplicate certificate issued to me.

I agree that if the original certificate is found, after issuance of the duplicate certificate, the original certificate will be returned to the Company for cancellation.

I further agree that if a duplicate certificate is issued, any payment made or privilege granted by the Company in accordance with such duplicate certificate shall fully and finally discharge the Company of and from all liability with respect to such payment or privilege.

X \_\_\_\_\_  
SIGNATURE OF INSURED

Date \_\_\_\_\_