



SLOVENE NATIONAL BENEFIT SOCIETY

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DECLARATION OF LOST POLICY/ANNUITY FOR DECEASED MEMBER

I, THE UNDERSIGNED, _____ residing at _____, and designated beneficiary for the late _____, whose last known address was _____, who died on _____, and insured under Benefit Policy/Annuity No. _____ issued by the SLOVENE NATIONAL BENEFIT SOCIETY, a fraternal organization incorporated under the laws of the Commonwealth of Pennsylvania, do hereby declare and affirm that the above Benefit Policy/Annuity cannot be located among the effects of the above named decedent and do firmly believe that the said Benefit Policy was either lost or accidentally destroyed.

Furthermore, that the said Benefit Policy/Annuity No. _____, if still in existence, shall be of no further force and effect as evidence of the insurance of which it bore witness: that, if later found, shall be returned promptly to the SLOVENE NATIONAL BENEFIT SOCIETY.

My social security # _____

Beneficiary / Executor

County of _____

SS

State/Commonwealth of _____

I, THE UNDERSIGNED, _____ a Notary Public for and in the said County and State/Commonwealth do hereby certify that _____ personally appeared before me this _____ day of _____, 20 _____ and after being duly sworn to, signed the foregoing instrument in my presence, and in their own hand.

(Notarial Seal)

(Notary Public)