



POLISH FALCONS OF AMERICA

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STATEMENT OF LOST CERTIFICATE (TO BE COMPLETED BY THE BENEFICIARY ONLY)

Nest No.: _____

Certificate No.: _____

Face Amount: _____

Beneficiary's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of Insured: _____

Date of Death: _____

I, the beneficiary named above, swear that the above information is correct. I further swear that the insured, named above, died and that he/she was a member of the Polish Falcons of America, and was insured under said Certificate.

The original of this certificate has been lost or destroyed. To the best of my knowledge, the certificate is not in the possession of any other person or firm.

Should I ever recover lost certificate, same will be returned without any further claim against the said Polish Falcons of America.

Signature

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public