



**American Century Life Insurance Company of Texas**

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

**AFFIDAVIT OF LOST POLICY**

I (We), \_\_\_\_\_, being the lawful age, state that I

(we) are the beneficiary(ies) of the insurance contract(s) with policy number \_\_\_\_\_

issued by American Century Life Insurance Company of Texas

on the life of \_\_\_\_\_ who died on \_\_\_\_\_  
(Name of the Deceased Individual) (Date of Death)

Affiant further states that said policy has been lost, and does hereby agree that in the event said policy is found, to return the aforementioned policy to the office of American Century Life Insurance Company of Texas.

**Beneficiary(ies):**

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Print Name Signature Date

**Witness:**

\_\_\_\_\_  
Print Name Signature Date