



**CINCINNATI EQUITABLE LIFE  
INSURANCE COMPANY**

*Assignment Program*

**AFFIDAVIT OF LOST POLICY**

I (we), \_\_\_\_\_  
\_\_\_\_\_ being of lawful age, state that the  
contract(s) on the following policy numbers: \_\_\_\_\_,  
issued by: \_\_\_\_\_ on  
the life of \_\_\_\_\_ have been  
lost or destroyed and not in my possession: and said policy(s) are not assigned or  
pledged except to \_\_\_\_\_ Cincinnati Equitable Life Insurance Company \_\_\_\_\_,  
in any way whatsoever; and that I am the beneficiary under said policy(s) and benefits are being claimed  
due to the death of the aforesaid insured.

Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness : \_\_\_\_\_ Date: \_\_\_\_\_

**BENEFITS REASSIGNED TO:  
Cincinnati Equitable Life  
Insurance Company  
P.O. Box 3428  
Cincinnati, OH 45201-3428  
Phone: 800-621-1826  
Fax: 800-334-4619**