

F U N E R A L  F U N D I N G
OF MICHIGAN

HOLD HARMLESS RELEASE / LOST POLICY AFFIDAVIT

I, _____, as the beneficiary named in
Policy Number(s) _____ formerly
held by: _____ (deceased) have filed claim under said
Policy.

The above Beneficiary states that the said Policy has been lost or destroyed and that after a
careful and diligent search has been unable to find the Policy.

The Beneficiary further states that, in consideration of the appropriate Insurance Company's
paying said claim without requiring surrender of said Policy, agrees to hold said Insurance
Company harmless to reimburse it for all costs and expenses of every kind and character which
it may be obliged to incur in the event that said Policy is ever found and another claim is
presented under it.

Witness

Signature of Beneficiary L.S.

Witness's Address

Date

Complete answers must be given in the above spaces and the signature must be witnessed.