

KEMPER LIFE

LOST/STOLEN CHECK AFFIDAVIT AND REQUEST FOR ISSUANCE OF A DUPLICATE CHECK

INSTRUCTIONS

1. All blank sections on this form must be completed.
2. The form must be signed by the check payee.
3. The payee's signature must be notarized.

If assistance is needed in completing this form, please do not hesitate to contact your agent or our Call Center at 800-777-8467.

Policy No.: _____

Claim No.: _____

I _____ of _____
(Your Legal Name) (Street Address)
_____, _____, _____, County of _____
(City) (State) (Zip Code)

State of _____, being duly sworn depose and say that a check from _____
_____, check number _____, issued on _____, in the amount of
\$ _____ to my knowledge has not been received or negotiated by me, nor do I have any
knowledge as to its whereabouts. In consideration of the issuance and delivery to me of a new or duplicate
check in the like amount, I hereby agree that I will promptly surrender the check first issued should such
check ever come into my possession, custody, or control.

I hereby agree to indemnify and hold harmless the above indicated company from any liability, loss,
expense or damage which it may sustain as a result of the issuance of said replacement check and/or the
original check described above. **I also understand that any willfully false statement or representation
make may subject me to criminal prosecution.**

(Your Signature)

Subscribed and sworn before me on this _____ day of _____, _____.

(Notary Public)