



AuguStar® Life Insurance Company

Individual Annuity Lost Contract Statement

Form # V-4615

Regular Mail AuguStar Financial P.O. Box 5308 Cincinnati, OH 45201-5308	Overnight Delivery AuguStar Financial 4526 Cornell Rd Blue Ash, OH 45241	Fax: 513.794.4730 Email: documentcenter@augustarfinancial.com Phone: 888.925.6446 Website: augustarfinancial.com
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Individual Annuity Lost Contract Statement

Annuity Contract Number: _____

Annuitant Name: _____

Owner Name: _____

Select and complete either Section 1 or Section 2.

Section 1: Surrender the Contract Without Production of the Contract

This section is to be used when surrendering a contract and must accompany the Individual Annuity Withdrawal form or appropriate transfer paperwork.

The undersigned has caused due search and diligent inquiry to be made and cannot find the above-referenced contract and does hereby agree that if the contract shall be found hereafter, it will be returned to the Company.

The undersigned agrees jointly and severally on behalf of himself/herself, his/her heirs, executors, administrators and assigns to indemnify the Company from any and all claims, suits, damages, costs or expenses to which it may be subjected or in any way made liable in consequence of the making settlement of the proceeds payable under such contract or in consequence of the Company's compliance with the provisions of the original without its delivery to the Company.

Owner* Signature**

Date

Joint Owner* Signature** (if applicable)

Date

Section 2: Issue a Duplicate Contract

This section is to be used if a contract has been lost and a duplicate contract is being requested.

The undersigned has caused due search and diligent inquiry to be made and cannot find the above-referenced contract and does hereby agree that if the contract shall be found hereafter, it will be returned to the Company. If a duplicate contract has been issued, these will be returned at the same time for cancellation, and the necessary endorsements transferred to the original contract.

The undersigned agrees jointly and severally on behalf of himself/herself, his/her heirs, executors, administrators and assigns to indemnify the Company from any and all claims, suits, damages, costs or expenses to which it may be subjected or in any way made liable in consequence of the issuance of the duplicate contract or in consequence of the Company's compliance with the provisions of the original without its delivery to the Company.

Owner* Signature**

Date

Joint Owner* Signature** (if applicable)

Date

***Certification:** I/We hereby certify that I/we, the above-signed, am/are the Owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I/we am/are an authorized signatory thereof and that this request is being submitted in my/our capacity as an authorized signatory of the trust, custodial account, corporation or partnership. I/we agree/s, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless the AuguStar, each of its subsidiaries, agents, employees and directors against any and all claims, liabilities, damages, demands, actions, controversies, charges, expenses and losses sustained or incurred by AuguStar's actions in making the change requested above and release the same from any liability arising from the execution of this transaction.

**If you are signing pursuant to a power-of-attorney, guardian, or conservator, you must indicate this after the signature (e.g., Attorney-in-Fact, Guardian, Conservator, etc.)