



AuguStar Life Insurance Company  
 AuguStar Life Assurance Corporation  
 Post Office Box 5308  
 Cincinnati, Ohio 45201-5308  
 Telephone: 888.925.6446, Fax: 513.794.4730  
 Email: documentcenter@augustarfinancial.com

**Individual Annuity Lost Contract Statement**

Contract Number \_\_\_\_\_ Annuitant \_\_\_\_\_ Owner \_\_\_\_\_

**This section is to be used when surrendering a contract and must accompany the V-4619.3 form or appropriate transfer paperwork.**

**1. Surrender the contract without production of the contract.**

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

**Note: If trust, company or plan-owned contract, authorized person must sign with their title (e.g., "Trustee", "President", etc.).**

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

**2. Issue a duplicate contract.**

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 hereby certify that I, the above-signed, am the owner of this annuity contract or, if the contract is trust, custodial, corporate or partnership owned, that I am an authorized signatory thereof and that this request is being submitted in my capacity as an authorized signatory of the trust, custodial account, corporation or partnership. The above-signed hereby agrees, for ourselves, and, if any, our subsidiaries, agents, employees and directors at all times to indemnify and hold harmless AuguStar<sup>SM</sup> Life Insurance Company, 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.

**Note: 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.)**