LOST CERTIFICATE APPLICATION

________________________________________________________________________
being duly sworn upon his oath deposes and says, that he is a member of the Polish National Alliance of the United States of North America, being insured under Certificate No. ___________ and that said certificate has been lost, and that said affiant has made a diligent search for said certificate and it cannot be found.

Should affiant ever recover said lost certificate, same will be returned without any further claims against the said Polish National Alliance of the United States of North America.

This statement is made to induce the Alliance to pay out the full Cash Surrender value on the above captioned certificate.

________________________________________________________________________
(Signature of Insured)

________________________________________________________________________
Lodge ________________

________________________________________________________________________
Date ________________

_________________________________________________________
Signature of Financial Secretary

In case the Financial Secretary of the Lodge is not available as witness, the signature may be ACKNOWLEDGED before a NOTARY PUBLIC in the following form:

STATE OF ___________________________

COUNTY OF __________________________

Before me this __________ day of _____________ 20___ personally appeared

_________________________________________________________
to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

My Commission expires: _____________________________

_________________________________________________________
Notary Public