



**POLISH NATIONAL ALLIANCE**  
**6100 N. CICERO, CHICAGO, IL 60646**

CLAIM NO. \_\_\_\_\_

LODGE NO. \_\_\_\_\_

### **AFFIDAVIT OF LOSS**

1. I, \_\_\_\_\_ on oath, state that \_\_\_\_\_  
expired on \_\_\_\_\_ .

2. Affiant further states that the decedent was a member of the POLISH NATIONAL ALLIANCE of the U.S. of N.A. insured under Certificate No. \_\_\_\_\_ , that the said certificate has been lost or misplaced and cannot be located.

3. Should the affiant ever recover the aforesaid certificate, the same shall be promptly surrendered and no further claim against the POLISH NATIONAL ALLIANCE of the U.S. of N.A. for the proceeds thereof shall be made.

\_\_\_\_\_  
SIGNATURE OF AFFIANT SS No. \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

### **ATTESTATION BY FINANCIAL SECRETARY**

It is hereby certified that the affiant signed the above request in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
SIGNATURE OF FINANCIAL SECRETARY

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**IN CASE THE SECRETARY OF THE LODGE IS UNAVAILABLE,  
A WITNESS OTHER THAN THE BENEFICIARY CAN ENDORSE THE FORM.**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_ .

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
ADDRESS CITY STATE ZIP