



AuguStarSM Life Insurance Company
AuguStarSM Life Assurance Corporation

Post Office Box 5308 Cincinnati,
Ohio 45201-5308
Telephone: 888.925.6446

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

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

Please mail, fax to 513.7944730, Attn: Annuity Administration, or email to documentcenter@augustarfinancial.com