



Please return to SPJST, PO Box 100, Temple, Texas 76503-0100  
Ph# 1-800-727-7578  
Ph# 254-773-1575

STATE OF TEXAS, CITY: \_\_\_\_\_  
COUNTY OF: \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ who, after being by me first duly sworn, deposes and says, that, he or she, is a member in good standing of Lodge No. \_\_\_\_\_ of SPJST, holding certificate No. \_\_\_\_\_ or the sum of \$ \_\_\_\_\_ and further swears that said certificate has been lost, misplaced or destroyed and that he or she, does not know of it's whereabouts.

Affiant further swears that the following named party or parties were named beneficiaries in said certificate.

**Current Beneficiary:** \_\_\_\_\_

Affiant hereby requests SPJST, to issue to him or her, a duplicate certificate, in lieu of the above certificate which has been lost, misplaced or destroyed and hereby designates the following named party of parties as beneficiary or beneficiaries under said certificate.

**Please Name Relationship to Affiant after each Beneficiary.**

**Primary Beneficiary:** \_\_\_\_\_

**Contingent Beneficiary:** \_\_\_\_\_

The Affiant for himself, or herself, his or her heirs and any and all beneficiaries in the original certificate waives all rights, title, interest, and claim for himself, herself and for hid or her heirs and any beneficiaries in said certificate which has been lost, misplaced, or destroyed and hereby declares the same to be null and void and of no further force and effect.

X \_\_\_\_\_

**Insured's Signature**

\_\_\_\_\_  
**Address, City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Social Security #**

SUBSCRIBED AND SWORN TO BEFORE ME, this the \_\_\_\_\_ day  
of \_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_  
NotaryPublic, \_\_\_\_\_ County, Texas