



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

LOST CERTIFICATE AFFIDAVIT

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 SPJST Lodge No. _____, 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 its 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 or parties as beneficiary or beneficiaries under said certificate.

If changing beneficiary, please complete information below. Please complete all information requested below and sign.

☐ Per Stirpes ☐ Per Capita basis (choose one) **IF NO SELECTION IS MADE "PER STIRPES" DESIGNATION WILL BE APPLIED.**

Beneficiary: <input type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> Tertiary	
Full Name _____	
Relationship _____	
Beneficiary Percent of Insurance _____ %	
Date of Birth (mm/dd/yyyy) ____/____/____	
Social Security No. _____ - _____ - _____	
Address _____ City _____	
State _____ Zip _____ - _____ Country _____	
Home Phone (____) _____ - _____ Cell (____) _____ - _____	
Email Address _____	

Beneficiary: <input type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> Tertiary	
Full Name _____	
Relationship _____	
Beneficiary Percent of Insurance _____ %	
Date of Birth (mm/dd/yyyy) ____/____/____	
Social Security No. _____ - _____ - _____	
Address _____ City _____	
State _____ Zip _____ - _____ Country _____	
Home Phone (____) _____ - _____ Cell (____) _____ - _____	
Email Address _____	

Beneficiary: <input type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> Tertiary	
Full Name _____	
Relationship _____	
Beneficiary Percent of Insurance _____ %	
Date of Birth (mm/dd/yyyy) ____/____/____	
Social Security No. _____ - _____ - _____	
Address _____ City _____	
State _____ Zip _____ - _____ Country _____	
Home Phone (____) _____ - _____ Cell (____) _____ - _____	
Email Address _____	

Beneficiary: <input type="radio"/> Primary <input type="radio"/> Contingent <input type="radio"/> Tertiary	
Full Name _____	
Relationship _____	
Beneficiary Percent of Insurance _____ %	
Date of Birth (mm/dd/yyyy) ____/____/____	
Social Security No. _____ - _____ - _____	
Address _____ City _____	
State _____ Zip _____ - _____ Country _____	
Home Phone (____) _____ - _____ Cell (____) _____ - _____	
Email Address _____	

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 his 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.

Member/Authorized Signature

Printed Name

Address

City State Zip Code

Phone

Email

This form must be witnessed by someone other than a listed beneficiary.

Witness Signature

Printed Name

Date