



AFFIDAVIT OF MEMBER CONCERNING LOST, DESTROYED OR WRONGFUL POSSESSION OF ANNUITY OR CONTRACT

State of _____

County of _____

I, _____ [Your Full Name], of legal age, residing at _____ [Your Address], being duly sworn,

do hereby depose and say:

1. I am the member of FCSU Financial®, located at 6611 Rockside Rd, Independence, Ohio 44131-2398, Branch number _____.
2. On _____ [Date], the contract number _____ was issued.
3. The contract was executed in one (1) Original Copy, of which I was in possession.
4. I have searched my records and files thoroughly; however, I am unable to locate the original contract, which I believe has been lost under the following circumstances:

[Provide details on how the contract was lost, e.g., misplaced during a move, lost in a fire, etc.]

Check one option:

- I am submitting this affidavit to formally document the loss of my contract and to reaffirm my commitment to the terms and conditions we originally agreed upon. Additionally, I request that a Statement of Lost Annuity/IRA Contract be issued as a replacement for the lost contract. If the original document is located, I will immediately inform FCSU Financial regarding this matter.
- I am using this affidavit to request the complete surrender or transfer of my Annuity/IRA contract. Please complete the withdrawal form or attached transfer paperwork.

THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC TO PROTECT YOUR ASSETS

This form was signed before me on _____, by _____
(Print name of Assignor or Authorized Individual/s).

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature of Assignor/ Authorized Individual

Notary Public Signature: _____

My Commission Expires: _____

Notary Stamp/Seal