



Underwritten by Trustmark Insurance Company

PO Box 7937
Lake Forest IL 60045-7937

Phone: (800) 225-3859
Fax: (847) 615-4943
Hours: Monday – Thursday 7:00am to 7:00pm CST
Friday 7:00am to 6:00pm CST
Email: CustomerCare@ulaflac.com
Website: www.Aflacgroupinsurance.com

LOST CHECK AGREEMENT

I hereby certify that check No. _____ dated _____ issued by Aflac (herein referred to as the Company), payable to the order of _____ in the amount of \$ _____ has not been received, cashed, transferred, deposited or endorsed by me or by anyone authorized to act in my behalf.

I hereby request that the Company issue to me a substitute check in lieu of the above original check.

As a further inducement to the company to issue a substitute check, I agree that if said original check is received by me or anyone authorized to act in my behalf, I will promptly return it directly to the Company without endorsing it or in any way attempting to receive payment on it, and will hold the Company harmless for any loss it may suffer by reason of my failure to act in accordance with the terms of this Agreement.

Dated this _____ day of _____ 20. _____

Signed _____

Underwritten by Trustmark Insurance Company
Trustmark Life Insurance Company of New York