

Lost Contract Statement

American United Life Insurance Company® a ONEAMERICA® company One American Square P.O. Box 6002 Indianapolis, IN 46206-6002 1-800-537-6442

Pioneer Mutual Life Insurance Co. A stock subsidiary of American United Mutual Insurance Holding Company a ONEAMERICA® company P.O. Box 6002 Indianapolis, IN 46206-6002 1-800-437-4692

The State Life Insurance Company a ONEAMERICA® company P.O. Box 406 Indianapolis, IN 46206 1-800-428-2316



Check all that apply: American United Life Insurance Company® (AUL) Pioneer Mutual Life Insurance Company The State Life Insurance Company Golden Rule Insurance Company

Administered by The State Life Insurance Company

Hereinafter referred to as "the Company."

Please print all information with the exception of signatures.

Policy Number(s): _____

Insured/Annuitant: _____ Owner: _____

- The following statements are being made for the purpose of obtaining a duplicate contract or certificate of insurance.
 The following statements are being made for the purpose of obtaining the proceeds under the said contract.

I have made a careful and persistent search for this contract myself (unless completely destroyed) and I have caused others who may have, or may have had, knowledge of its whereabouts to make a diligent search, but I now have no knowledge whatsoever as to its present location.

I hereby represent that I am financially responsible and that no bankruptcy proceedings are pending or threatened against me.

I hereby represent that if the STATEMENT OF ASSIGNEE OR BENEFICIARY is not signed below, the contract is not now assigned, transferred, or pledged to any other person, persons, firm or corporation. If the policy has been assigned, transferred, or pledged, I will have this Statement signed by the assignee or an authorized officer of assignee or by such other person, firm or corporation having any vested interest in the policy. I further represent that if this Statement is made in connection with a request to surrender the contract or certificate of insurance, that such a surrender does not violate any requirements of a property settlement agreement or judicial decree terminating a former or present marriage.

I hereby declare the statements contained herein, and if appropriate, on Page 2 hereof regarding community property, to be true without evasion or concealment in consideration of which I request the Company to accept this Statement as an application for a duplicate contract or in lieu of the original contract. I agree for myself, my heirs or assignees to hold the Company harmless from all injury, loss, or damage, whether of the proceeds, costs, interest, or expenses, that may arise or be asserted against it by reason of the issuance of a duplicate contract or payment of the proceeds.

I have read the INSTRUCTIONS on Page 2. I further agree that if the original contract is subsequently located, I will immediately send it to the Company.

Exception to the above: _____

Signatures

Signature of Owner _____ Witness Signature (Required) _____

Signature of Joint Owner (When Required) _____ Witness Signature (Required) _____

Owner Telephone Number _____ Owner Social Security Number _____ Date _____

To be completed in all community property states (AZ, CA, ID, LA, NM, NV, TX, WA, WI). I, the owner's spouse, consent to the issuance of a duplicate contract or certificate of insurance or the requested payment of proceeds as indicated above.

Signature of Owner's Spouse _____ Witness Signature (Required) _____

Statement of Assignee or Irrevocable Beneficiary

I request that the completed Statement above be accepted in lieu of the original contract which cannot be surrendered and I declare that I have no knowledge of the location of the contract. Unless this Statement is made in connection with a surrender of the contract, as indicated above, it is in no way to be interpreted as a release of my interest and it is with this understanding that I sign below.

Signature of Assignee or Irrevocable Beneficiary _____ Witness Signature (Required) _____

(To be completed by the Company at its Home Office)

This completed statement enables the Company to substitute a copy of the same numbered contract since the original policy has been lost or destroyed. This represents the sole and only liability of the Company.

Date _____ Secretary _____

Send completed form to OneAmerica, P.O. Box 6002, Indianapolis, IN 46206-6002.
Send completed form for Variable Products to OneAmerica, P.O. Box 7127, Indianapolis, IN 46206-7127.

Instructions

1. This Statement may be used in connection with any life or annuity contract issued by (or on which liability has been assumed by) the Company.
2. The Statement should be signed by the Owner, if an individual. If owned by a Corporation, its Authorized Officers must sign. If owned by a Trust, all Trustees of the trust must sign. If the policy is assigned, the Assignee must sign. If the beneficiary is irrevocable, that beneficiary must also sign.
3. A copy or a duplicate contract cannot ordinarily be issued if the original contract is still in existence. To do so may cause the Company to later be presented with conflicting claims.
4. If a community property interest exists in this policy, the Owner's Spouse should consent to this Statement by signing the appropriate signature line in the Signature section on Page 1.
5. This Statement constitutes a sworn statement of facts and therefore persons having no interest in the policy proceeds must witness the signatures of the persons completing it.

Community Property Indemnification

LACK OF NOTICE OF COMMUNITY PROPERTY INTEREST: If the Company has not previously received written notice of a community property interest and if the space for consent on Page 1 is not signed by a person having such an interest, then the Company shall be entitled to rely on its good faith belief that no such interest exists. The Company assumes no responsibility of inquiry regarding such interest and in consideration of accepting this Statement, the Insured or Owner identified on Page 1, as evidenced by their signature, agrees to indemnify and hold the Company harmless from the consequences of accepting and endorsing this Statement. In the absence of written notice of a community property interest, this indemnification shall apply to any later payment of policy proceeds to the named beneficiary even though: (1) the Owner has failed to obtain consent of a former spouse having a community property interest; or (2) the Owner and the Owner's spouse subsequently divorce; or (3) the Owner's spouse dies after the date of execution of this Statement; or (4) the Owner and Owner's spouse subsequently sever their interest in the community.