



GOLDSTAR
TRUST COMPANY

**PO Box 719
Canyon, TX 79015
1-800-486-6888
Fax (806) 655-2490**

Dear Sir or Madam:

Attached, please find a Lost Bond Affidavit to be used for the physical bond that is either lost, destroyed or misplaced. You will need to sign it as it appears on the affidavit and have our signature(s) notarized.

There is a \$10 fee for each lost bond. Please make check payable to GoldStar Trust Company.

If you need any additional information, please call Investor Services at (800) 486-6888.

Sincerely,

Investor Services Department

If you cannot find your bond: fill out and sign this form, have your signature **notarized**, and return it to **GoldStar Trust**, along with a **\$10.00 fee**.

Name: _____

SS#: _____

Bond amount: \$ _____

LOST BOND AFFIDAVIT

The State of _____
The County of _____

KNOW ALL MEN BY THESE PRESENT:

That the undersigned hereby represents to GoldStar Trust Company that the undersigned has been unable to locate:

Bond No(s) _____, **Trust No(s)** _____ **Date** _____

Issued By _____ **of** _____

The undersigned hereby requests GoldStar Trust Company to issue duplicate Bond(s) of the same value and maturity date of the said Bond(s).

The undersigned represents that he/she is the sole owner of said Bond(s) and that he/she has not made any transfer, assignment or pledge of said Bonds(s) of any kind of nature whatsoever to any person, association or corporation and that no person, association or corporation, other than the undersigned, owns or claims any interest whatsoever in said Bond(s).

The undersigned further agrees that in the event the original Bonds(s) are located, he/she will promptly transmit same to GoldStar Trust Company properly executed by the undersigned for cancellation, and to indemnify and hold GoldStar Trust Company forever harmless with respect to any and all claims, costs, damages, expenses and liabilities which GoldStar Trust Company may incur or may be subjected to as a result of paying the "called" value of said Bonds(s) to the undersigned.

SIGNED this _____ day of _____

X _____
X _____

The State of _____
The County of _____

This instrument was acknowledged before me by the said _____
on this _____ day of _____

Notary Public _____

My commission expires: _____