

REQUEST FOR DUPLICATE POLICY

Please check the box next to your Insurance Company's (Company) name.

ManhattanLife Assurance Western United Life Manhattan Life Family Life

Instructions: Please complete this Request for Duplicate Policy form, and return the completed form to the address below. In addition, a \$15.00 processing fee is required. Upon receipt of the completed form and \$15.00 processing fee, we will issue a replacement policy.

Policy Number: _____

Issued Date: _____

I am requesting a duplicate of my policy for the following reason(s):

To the best of my knowledge and belief, my above referenced policy has not been delivered to any person having any right, title, or interest in it, and I am requesting that said Company issue a duplicate of or a certificate for said policy. I agree and understand that if a duplicate or certificate is issued, it will be returned to the Company immediately if the original policy is found.

Signature of Owner

Date

Printed Name of Owner

Signature of Witness

Date

Printed Name of Witness

Submit Completed Form to:

Policy Holder Services
P.O. Box 925989
Houston, TX 77292

Customer Service Department 1-800-669-9030
www.manhattanlife.com

