

# ACKNOWLEDGMENT OF MISPLACED POLICY

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

ManhattanLife Insurance and Annuity    Western United Life    Manhattan Life    Family Life

**Policy Number:** \_\_\_\_\_

**Issued Date:** \_\_\_\_\_

To the best of my knowledge and belief, I am personally not in possession of the above referenced policy; and, to the best of my knowledge and belief, the above referenced policy has not been delivered to any person having any right, title, or interest in it. I agree and understand that if the original policy is found by me, I will immediately return it to the Company.

\_\_\_\_\_  
Signature of Owner/Beneficiary/Claimant/Guardian/Trustee/Executor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner/Beneficiary/Claimant/Guardian/Trustee/Executor

\_\_\_\_\_  
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



**ManhattanLife**<sup>™</sup>