



PO Box 341899
Austin, TX 78734

Duplicate Policy Request Form

POLICY NO.: _____

NAME OF INSURED: _____

Please sign, date and complete this form and forward to the above Home Office address. Should you have any questions, please contact us at (800) 756-7306.

- Please
- (1) STATE THE REASON for your request in the form below
 - (2) SIGN as Policyowner with one WITNESS signature
 - (3) RETURN form with \$5.00 PROCESSING FEE.

Let us know if you have any questions.

Texas Service Life Insurance Company

DECLARATION OF LOST POLICY/REQUEST FOR DUPLICATE POLICY: I hereby certify that the above-referenced policy issued by Texas Service Life Insurance Company has been lost or destroyed under the following circumstances:

STATE REASON: _____

And that no person(s), partnership, corporation or other entity has any claim or interest in said policy or its benefits by virtue of any gift, sale assignment, pledge, property settlement, divorce or other court action. Based on the foregoing statements, I hereby request issuance of a duplicate policy or that Texas Service Life Insurance Company grant the benefits under the policy, and agree to indemnify and hold harmless Texas Service Life Insurance Company from any and all losses which it may incur as a result of granting this request. It is further agreed that if the original policy is found, the duplicate policy will be returned to the Home Office. This indemnification will be binding on my heirs, executors, administrators, successors and assignees.

I UNDERSTAND the duplicate policy will not be issued until this request and the \$5.00 fee, is received, approved and recorded at the Home Office of Texas Service Life Insurance Company.

POLICY OWNER Signature: _____

POLICY OWNER Name (printed): _____

WITNESS Signature: _____

WITNESS Name (printed): _____

Signed at _____, _____ DATE: ____/____/____

RECORDED by TEXAS SERVICE LIFE INSURANCE COMPANY on ____/____/____