

# 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

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**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

