

ACKNOWLEDGMENT OF MISPLACED POLICY

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

ManhattanLife Assurance 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[™]