

# GUARANTY

INCOME LIFE INSURANCE COMPANY

## POLICYOWNER'S REQUEST FOR DUPLICATE POLICY

Policy Number	Insured	Owner (If Other Than Insured)

I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy is not assigned, hypothecated, or pledged except as follows:

---



---

I hereby request the issuance of a duplicate of said policy or certificate of insurance should duplicate policy forms not be available, and hereby agree that any certificate of duplicate policy issued shall create no liability on the part of the Company other than that set out in the original policy. If at any time the original policy is found, such certificate or duplicate policy will be null and void and immediately returned to the Company.

***SIGN BELOW FOR ABOVE REQUEST***

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
City/State

Witness	Signature of Insured or Owner if Other Than Insured
	Social Security No. _____ - _____ - _____
	Signature of Assignee (If Any)

