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)

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