



# LifeShield

NATIONAL INSURANCE CO

## REQUEST FOR POLICYOWNER SERVICE

Policy Number: \_\_\_\_\_ Insured: \_\_\_\_\_

The undersigned authorize(s) LifeShield National Insurance Co. to honor the service request(s) indicated below:

**LOST POLICY RELEASE:**

This policy has been lost, mislaid, or destroyed. I release the company from any further claim against this policy and agree to return the policy to the company if it is recovered.

I request a duplicate policy. I understand that there is a \$20.00 fee and that the original policy is null and void. Coverage is in force under the provisions of the duplicate policy.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Policyowner's Name

Owner SSN: XXX-XX-\_\_\_\_\_

Owner Address \_\_\_\_\_

**Notary signature required *only* if requested by the company:**

BEFORE ME, the undersigned Notary Public, on this date, personally appears \_\_\_\_\_ known to me to be the person whose name(s) is (are) subscribed to the foregoing instrument and acknowledged to me that he/she executed same for the purposes and consideration therein expressed, and in the capacities therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

whose commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Notary Seal/Stamp**