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: _____

Owner SSN: XXX-XX-_____

Owner
Address_____

Notary signature required: 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**