

Check appropriate Insurer: **Security Life of Denver Insurance Company**
 Midwestern United Life Insurance Company

REQUEST FOR DUPLICATE OR LOST POLICY

INSURED _____ POLICY NO. _____

Check appropriate box: **LOST POLICY / CERTIFICATE STATEMENT ONLY**
 DUPLICATE POLICY REQUEST

My policy or certificate of insurance has been lost or misplaced. Issue a duplicate policy or certificate of insurance, or grant the benefits under this policy that have been requested without requiring the surrender of the original policy. If the original policy is found, I will return the duplicate policy or certificate to the Home Office.

DATE: _____

Signature
of Insured: _____
(If below age 15, signature of parent
or guardian required.)

WITNESS: _____

Spouse
(If Applicable): _____

Assignee (If Applicable) _____

Owner
(If not the Insured): _____

If Corporation, two officers must sign.
Print Corporation name and title of persons signing.

HOME OFFICE USE ONLY

Form Endorsed This Date: _____

By: _____
Officer