



Lincoln Heritage Life Insurance Co.

4343 E. Camelback Rd., Phoenix, AZ 85018

800-438-7180 602-808-0521 (fax) E-Mail – service@lhlic.com

APPLICATION FOR ISSUE OF DUPLICATE POLICY

Instructions for completing this form

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. Please print legibly.
3. The policy owner must complete and sign the form.

Policy # _____ Owner _____

I, the undersigned, being the owner of the above-listed policy issued on the life of

_____, hereby request a copy of said policy.
Name of Insured(s)

I hereby certify that the original copy of the policy: (please check one)

_____ Has been lost or destroyed.

_____ Was never received.

I promise to return the original policy to the Company if it is subsequently found or received.

Signature of Owner Date

() _____
Telephone number E-Mail Address

(Duplicate Request)