



**Check company which issued policy:**

- ☐ Transamerica Occidental Life Insurance Company
- ☐ Transamerica Life Insurance Company (formerly PFL)
- ☐ Transamerica Assurance Company
- ☐ Transamerica Assurance Company/American Heritage Life Venture
- ☐ Monumental Life Insurance Company
- ☐ Life Investors Insurance Company of America

**Request For  
Duplicate Policy  
or Certificate**

**Insured Information**

Social Security #:		Policy #:	
Insured Name:			
(First)		(Middle)	(Last)
Mailing Address:			Is this a new address?
(Street)	(City)	(State)	(ZIP Code)

Please issue a duplicate policy, certificate, or other document. The original of this policy has been lost or destroyed, and to the best of my knowledge is not in the possession of any other person or firm. It is understood that the above insurance company will be held harmless and free from all claims as a result of issuance of such document. If the original policy is found, the replacement document will be returned.

I understand that the policy document itself is a legal document and sets forth, in detail, the rights and obligations of both the insured and the insurance company.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year)

X \_\_\_\_\_  
Policy Owner

**PROCESSING AND HANDLING FEE**

It is our policy to provide the 1<sup>st</sup> duplicate free of charge. However, if this is not your first request, please include a check or money order in the amount of \$25.00 with your request to cover our processing and handling fee.

**Return Completed Form To:**  
Transamerica Worksite Marketing  
Administrative Office  
P.O. Box 8063  
Little Rock, Arkansas 72203-8063  
(888) 763-7474