



# REQUEST FOR DUPLICATE POLICY

POLICY NUMBER(S)

NAME OF LIFE INSURED or ANNUITANT

1. I declare that the above mentioned policy has been lost, mislaid, or destroyed and that I have been unable to find it after diligent and careful search and inquiry.
2. I request the Company to issue a copy of the policy which will substantially duplicate the policy, or to issue a new policy in accordance with the attached Application for Change.
3. To the best of my knowledge, information and belief no person other than myself and \_\_\_\_\_ has acquired an interest in the said contract or its proceeds either by an assignment or by another manner. I agree that should the said lost policy come into my possession, I will return it or the said new duplicate to the Company immediately.
4. A photocopy or an electronic reproduction of this document will be as valid as the original.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Signature of Policy Owner

**PLEASE RETURN FORM TO:**

**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, FAX: 1-888-985-3872**

**Should you have any questions or need assistance, please contact our Customer Service Department:  
PHONE: 1-800-263-6785 FAX: 1-888-985-3872 EMAIL: [lifecustserv@wawanesa.com](mailto:lifecustserv@wawanesa.com) WEBSITE: [wawanesalife.com](http://wawanesalife.com)**