



Trinity Life Insurance Company
 ADMINISTRATIVE OFFICE
 PO BOX 5205 • FRANKFORT, KY 40602-5205
 Phone: (866) 440-1357 • Fax: (502) 875-7084

**REQUEST FOR
 DUPLICATE POLICY OR CERTIFICATE**

Policy Number: _____

Insured's Full Name: _____

REQUEST FOR COMPLETE DUPLICATE OF POLICY OR GROUP CERTIFICATE (\$35.00 Fee): I certify that the original policy/group certificate numbered above has been lost or destroyed, that a diligent search has been made and that its existence or whereabouts is unknown.

REQUEST FOR CERTIFICATE:
 I certify that the original policy/group certificate numbered above has been lost or destroyed, that a diligent search had been made, and that its existence or whereabouts is unknown. In consideration of the granting of this request, I undertake and agree as follows:

1. that the Certificate issued in accordance with this request shall stand in the place and stead of the original policy/group certificate for all purposes;
2. that all of the terms and conditions of the original policy/group certificate shall remain in force and effect as evidenced by this Certificate; that I will save the Company harmless from all loss or injury which may occur as a direct result of its act of issuing this Certificate; and that if the original policy/group certificate is found, it shall be placed with this Certificate.

_____ Date

X

 Owner's Name (printed)

X

 Owner's Signature (Always Required)

 Owner's email address

()
 Owner-Day time phone: Home Cell Work

X

 Co-Owner's Name (printed)

X

 Co-Owner's Signature (Always Required)

 Co-Owner's email address

()
 Co-Owner-Day time phone: Home Cell Work

X

 WITNESS (ALWAYS REQUIRED)
 (If Agent, include Agent Number)