

REQUEST FOR DUPLICATE POLICY
to
National Teachers Associates Life Insurance Company
P.O. Box 802207
Dallas, Texas 75380

I, _____ hereby certify that Policy No. _____ dated _____ and issued or assumed by **NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY** has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to the **NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY**, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested. I also agree that if duplicate forms of this lost policy are not available, I will accept a Certificate of Lost Policy.

Dated at _____ this _____ day of _____, 20____.
City/State

Home Office Use Only _____

Signature of Witness

Signature of Owner

Address

Address

City, State & Zip Code

City, State & Zip Code