

SENTINEL SECURITY LIFE INSURANCE COMPANY

Salt Lake City, Utah 84115

APPLICATION FOR LOST POLICY

Insured	Policy No:	
Date prepared and mailed		

Please issue a duplicate of the above policy which I hereby certify has been lost or destroyed.

It is expressly understood and agreed that in the event the original policy is found, the duplicate copy, which is hereby requested, will be immediately returned to the Company.

Should two separate claims be filed for payment on the life of the insured, arising from the existence of a duplicate policy, the Company, in its sole discretion and at its option, may make payment to the last named beneficiary according to the Company records.

Date _____

Signature of Owner