

Protective Life Insurance Company
Life and Health Insurance Administration
P.O. Box 12687
Birmingham, AL 35202-6687

REQUEST FOR DUPLICATE POLICY CONTRACT

POLICY NUMBER: _____

INSURED: _____

OWNER: _____

I do hereby declare that I am the owner of Policy Number _____ issued by Protective Life Insurance Company on the life of _____.
I further declare that said Policy has not been sold, assigned, or transferred and that no person, party, or corporation holds any legal or equitable claim, trust or charge on said Policy.

We require a fee of \$25.00 for each duplicate policy contract requested. Please make the check payable to Protective Life Insurance Company and mail along with this form.

Please send Duplicate policy to Owner: Yes No

Please forward Duplicate policy to the following address:

Witness

Owner's Signature
(Provide title if officer of corporation)

Date

Address

Witness

Owner's Signature
(Provide title if officer of corporation)

Date

Address