

Protective Life & Annuity 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 and Annuity 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 and Annuity Insurance Company and mail along with this form.

Please send Duplicate policy to Owner: Yes No

Please forward Duplicate policy to the following address:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Witness

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

Address

Witness

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

Address