



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

REQUEST FOR DUPLICATE CONTRACT

Name of Annuitant: _____ Contract # _____
 Name of Owner: _____

I, (We) _____
 being duly sworn, depose and say that:

1. I am (We are) the sole owner (owners) of the above numbered contract and that I am (we are) entitled to exercise all rights thereunder. This affidavit is made to induce said Agency/Bank to issue and deliver a Duplicate Contract to me (us).
2. The policy is not now in my (our) possession and I (we) cannot obtain possession of it as it has been lost, misplaced or stolen.
3. In consideration of the issuance of a Duplicate Contract, I (we) hereby agree, for myself (ourselves), my (our) heirs, executors, administrators and assigns, to indemnify and hold harmless the Agency/Bank, and its successors, assigns, officers, agents and employees of and from all claims, demands, judgements, losses or liabilities and expenses whatsoever made against or incurred by them or any of them, arising because of the issuance and delivery to me (us) of such Duplicate Contract, and I (we) further agree that if said original contract shall thereafter come into my (our) possession, it shall be submitted to the Agency/Bank for endorsement thereon of any changes endorsed on said contract by the Agency/Bank and that said contract shall thereupon be cancelled.
4. I (we) certify that the contract has not been assigned or pledged as collateral.

Subscribed and Sworn To before me, this

_____ day of _____ 20____

 Signature of Contract Owner

 Notary Public

 Signature of Other Authorized Individual

- As**: Beneficiary Executor
 Administrator Power of Attorney
 Conservator Guardian Assignee

** Certified copy of appointment and Photo I.D. are required.

NAME OF AGENCY/BANK	INTERNAL USE ONLY										PRODUCER #	BRANCH #