



DUPLICATE POLICY REQUEST

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form.

POLICY NUMBER			
OWNER'S NAME		OWNER'S SOCIAL SECURITY NUMBER LAST 4 DIGITS ONLY: XXX - XX - _____	
JOINT OWNER'S NAME		JOINT OWNER'S SOCIAL SECURITY NUMBER LAST 4 DIGITS ONLY: XXX - XX - _____	
MAILING ADDRESS			
CITY	STATE	ZIP	<input type="checkbox"/> CHECK THIS BOX TO MAKE THIS MY NEW PRIMARY ADDRESS
STREET ADDRESS (REQUIRED IF MAILING ADDRESS IS PO BOX)			TELEPHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS

I have read, understand and agree to the following:

- I certify that my original policy was lost or destroyed.
- I understand that the duplicate policy may not be an exact copy of the original. If Christian Fidelity Life Insurance Company (“Christian Fidelity”) is unable to provide a duplicate policy because of the issue date of my original policy, I will receive a current statement of policy information.
- I agree to indemnify, defend and hold Christian Fidelity harmless from any claims that may arise from the original policy.

Signature – Owner Date Signature – Joint Owner (*if applicable*) Date

Trustee or Officer Title: _____ Trustee or Officer Title: _____

If you are signing on behalf of the owner, print your name, sign below and check the box that describes the capacity in which you are signing.

- Conservator Guardian Power of Attorney

Signature: _____

Print Name: _____

INSTRUCTIONS

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the “Trustee” box below the owner signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator papers if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form. An updated Certification of Power of Attorney form is required every 12 months.

Corporation – Check the “Officer Title” box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer’s signing authority.

Christian Fidelity Mailing Address and Contact Information

Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
Fax	(877) 584-2777
Email	OxfordPHS@oxfordlife.com
Policyholder Services	(866) 641-9999
Website	www.cflic.com