The Penn Insurance and Annuity Company of New York

Administrative Office Mailing Adress:

REQUEST FOR DUPLICATE CONTRACT

PO Box 390 Millville NJ 08332-0390 P: 1-855-436-0952

	nuitant:	Col	ntract #
Name of Ow	/ner:		
I, (We)			
being duly s	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 there after 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 there upon be cancelled.		
4.	I (we) certify that the contract has not been assigned or pledged as collateral.		
Subscribed a	and Sworn To before me, this	day of	20
		Signatui	re of Contract Owner
Notary Public		· ·	re of Other Authorized Individual
		As**:□ Beneficia	
		☐ Administrator	☐ Power of Attorney
		☐ Conservator ** Certified copy of a	☐ Guardian ☐ Assignee appointment and Photo I.D. are required.
NAME OF AGENCY/BANK		INTERNAL USE ONLY	PRODUCER# BRANCH#
.02.10 115/1111			