

Vantis Life Insurance Company
Vantis Life Insurance Company of New York

Administrative Office:

200 Day Hill Road, Windsor, CT 06095

P: 1-866-826-8471 ■ www.VantisLife.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 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 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.

INTERNAL USE ONLY

NAME OF
AGENCY/BANK

PRODUCER #

BRANCH #