

INSURED _____

POLICY NUMBER _____

SOCIAL SECURITY NUMBER _____

POLICYOWNER _____
(if other than Insured)

INSURED's ADDRESS _____

POLICYOWNER's ADDRESS _____
(if other than Insured)



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REQUEST FOR DUPLICATE POLICY

Annuity Life

My policy issued by AMERICAN FIDELITY ASSURANCE COMPANY of Oklahoma City, Oklahoma, has been lost, destroyed or never received.

I declare that said policy has not been pledged, assigned or transferred.

I declare that said policy has been pledged, assigned or transferred to: _____.

In the event that said policy should be found, I agree to return it to the Company.

If you are requesting a copy of your policy, please enclose payment of:

\$10.00 for a copy of my American Fidelity Assurance Company policy (first copy is free); OR,

\$25.00 for a copy of my Mid-Continent Life Insurance Company policy (fee charged for all copies).

Make check payable to American Fidelity Assurance Company.

VERIFICATION OF LOST POLICY FOR:

Conversion of Life

Other (please specify)

Policy # _____

(example: 1035 Exchange, Rollover, etc.)

Signature of Policyowner

Date