

# F&G Annuities & Life

## Duplicate Policy Request

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

### INSTRUCTIONS

#### USE THIS FORM TO REQUEST A DUPLICATE POLICY.

If the policy has at any time been assigned, transferred or pledged to any person, business or corporation, please indicate to whom the policy was assigned and the date of the assignment.

#### RETURN COMPLETED FORM TO:

Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
P.O. Box 81497  
Lincoln, NE  
68501-1497



Fidelity & Guaranty Life  
Insurance Company  
Service Center,  
777 Research Drive  
Lincoln, NE  
68521



Overnight

**New York Residents:**  
Fidelity & Guaranty Life  
Insurance Company of  
New York Service Center,  
P.O. Box 81337  
Lincoln, NE  
68501-1337



U.S. Mail

Customer  
Service:  
888-513-8797



Phone

Life Insurance:  
800-281-5777



Fax

If your address has changed please fill out our Change of Name or Mailing Address form that can be found at [www.home.fglife.com](http://www.home.fglife.com).  
Please reference form ADMIN 5743.

# F&G Annuities & Life

## Duplicate Policy Request

Fidelity & Guaranty Life Insurance Company and Fidelity & Guaranty Life Insurance Company of New York

### OWNER

|               |   |
|---------------|---|
| Policy Number | Insured Name: First/Middle Initial/Last |
|               |   |

The Undersigned (owner of the above-referenced policy) hereby states and affirms that said policy apparently has been lost, mislaid or destroyed as the Undersigned has been unable to find said policy after careful search and inquiry. Accordingly, Undersigned requests Fidelity & Guaranty Life Insurance Company or Fidelity Guaranty Life Insurance Company of New York to issue a Duplicate Policy, at a fee of **\$25.00**.

Undersigned agrees to return the Duplicate Policy to the Company if the original policy is recovered, and Undersigned further agrees that Undersigned will hold the Company harmless from all loss, expense and liability for which the Company may become liable as a direct or indirect result of its act of issuing said Duplicate Policy.

If the policy or any interest thereon has at any time been assigned, transferred or pledged to any person, company or corporation, please indicate to whom the policy was assigned and the date of the assignment.

|  |  |
|--|--|
| Assigned, Transferred or Pledged (if applicable) Name: First/Middle/Last | Date Policy was Assigned, Transferred or Pledged |
|  |  |

### SIGNATURE(S)



|                                   |      |
|-----------------------------------|------|
| Signature of Owner                | Date |
|                                   |      |
| Assignee (if any)                 | Date |
|                                   |      |
| Other Required Signature (if any) | Date |
|                                   |      |