WESTERN UNITED LIFE ASSURANCE COMPANY MANHATTAN LIFE INSURANCE COMPANY Annuity Operations Office

PO Box 2290 Spokane WA 99210-2217 • 929 W Sprague Ave Spokane WA 99201 Tel 800.247.2045 • Fax 509.835.3190 • AnnuityServices@wula.com • ManhattanLife.com

DUPLICATE CONTRACT REQUEST

hereby declare under penalty of perjury that

annuity contract number(s)		
issued on the life of		has been lost or destroyed;
that it has not been delivered to a	any person having any right	title or interest in it; that this
affidavit is made for the purpose	of including said Company	to issue a duplicate of or a
certificate for said contract; that i	f a duplicate of certificate is	issued it will be returned to
the Company immediately if the	original contract shall be fou	ınd.
Owner Signature	Owner Printed Name	Date
Joint Owner Signature (if applicable)	Joint Owner Printed Name	Date
Producer Signature	Producer Printed Name	Date

