The Savings Bank Mutual Life Insurance Company of Massachusetts

Duplicate Policy Request

Policy Number(s): _____

Name of Insured: _____

Name of Policyowner(s): _____

(if other than insured)

Please Note: There is a fee of $25.00 per policy/contract to be duplicated.

Please attach a check for this fee made payable to: SBLI

Under Penalties or Perjury

I hereby certify that after a careful and diligent search, the above policy/contract has been:

☐ Lost ☐ Destroyed ☐ Stolen

Therefore, application is hereby made to SBLI of Massachusetts for a duplicate policy/contract.
I agree that once this duplicate policy/contract is issued, the original policy/contract is no longer valid and if the original is later found, it will be returned to SBLI of Massachusetts.

Authorized Signature:

X_____ _____

Signature of Policyowner **Date**

Return completed form to:

The Savings Bank Mutual Life Insurance Company of Massachusetts
P.O. Box 4048
Woburn, MA 01888