



AMERICAN FRATERNAL UNION

PO Box 59 • Ely, MN 55731-0059 • (218) 365-3143

APPLICATION FOR DUPLICATE CERTIFICATE

Name of Insured	Policy Number
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In accordance with the terms of this Certificate, having lost said Certificate, I hereby request the American Fraternal Union for a duplicate certificate. I hereby release and discharge the American Fraternal Union from any and all liabilities under the lost certificate, and in the event said certificate should ever be found, agree to return it to the American Fraternal Union.

Date

Signature of Insured

Witness to Signature of Insured

Signature of Policyowner
(Required if other than the insured)

Witness to Signature of Policyowner