



**Heartland National Life Insurance Company**

REQUEST A DUPLICATE POLICY

Insured

Owner

Beneficiary

Name \_\_\_\_\_  
First, Middle, Last

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Policy number \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO:  
Heartland National Life Insurance Company  
PO Box 11903  
Winston-Salem, NC 27116  
Fax: 336-759-3141