PAMANA
FUNERAL EXPENSE BENEFIT

APPLICATION FOR ISSUE OF DUPLICATE BENEFIT

PRINT LEGIBLY

2491 Alluvial Ave. Ste. 170
Clovis, CA 93611
1-855-54-PAMANA
1-855-547-2626

Instructions for completing this form

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. Please Print Legibly
3. The plan owner must complete and sign the form.

Plan:_____Owner:_____

I, the undersigned, being the owner of the above-listed plan issued on the life of

_____, hereby request a copy of said plan.
Name of covered participant(s)

I hereby certify that the original copy of the plan: (please check one)

_____Has been lost or destroyed.

_____Was never received.

I promise to return the original plan to the Company if it is subsequently found or received.

_____ _____
Signature of Owner Date

( )_____ _____
Telephone Number E-mail Address