Phone No. (____) __

Unclaimed Assets

8725 Rosehill Road, Suite 117 • Lenexa, KS 66215 (913) 599-8200 • (800) 599-8283 • Fax (800) 599-8284

MISSING BENEFICIARY FORM MISSING INSURED FORM

Company Name:	The second secon	Date	
Person Requesting Search:		Title:	
Address:			
Phone No.: ()	Fax No.: (()	
Policy Date:	Policy #	Policy Amount \$	
		rolloy Amount ©	
LKA: SS			
DOB	POB		
DOD	POD		
		8,	
Beneficiary:	Relation:		
LKA:			
DOB or Approximate Age:	SS#	SS#	
Contingent Beneficiary:	Relation:		
LKA:			
DOB or Approximate Age:	SS#		
Other Persons who may have infor	mation:		
Name:	Relation:		

If available, please enclose copies of the following:

- 1. Policy Holder's death certificate
- 2. Policy Holder's original application
- 3. Change of beneficiary form, if applicable