

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

**Subject: Request for Replacement of Lost Life Insurance Policy Document**

Dear Customer Service Department,

I am writing to formally request a certified replacement copy of the life insurance policy for the deceased individual listed below, as I am a named beneficiary and the original policy document has been lost or misplaced.

**Policy Information:**

Policy Number: [Policy Number, if known]  
Full Name of Insured: [Full Name of Deceased]  
Date of Birth of Insured: [DOB of Deceased]  
Social Security Number of Insured: [SSN of Deceased]  
Date of Death: [Date of Death]

I have attached a copy of my government-issued photo ID and the official death certificate to verify my identity and the status of the insured. Please let me know if there are any specific forms I need to complete or if there are any administrative fees associated with issuing this replacement document.

Please mail the replacement policy or relevant claim instructions to my address listed at the top of this letter.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:**

1. Copy of Death Certificate
2. Copy of Beneficiary Identification