



Customer Service:
913-384-3830

Money Order Claim Card/Photocopy Request

This request to be completed by **purchaser** only

Please mail request to:
RGA Money Orders
2809 W 47th Street
Westwood, KS 66205

Instructions

1. Complete Money Order Claim Card – **your signature must be present at bottom of form**
2. Mail the following to RGA Money Orders at the address listed in upper right hand corner:
 - a. Bottom half of completed Money Order Claim Card
 - b. The original money order receipt (detachable stub) for replacement money orders (retain a copy for your records)
 - c. \$10 for processing fees (cash or money order – do not send checks)

NOTE:

- Purchaser must complete one Money Order Claim Card for each request.
- \$10 processing fee must be included for each request - or the fee will be deducted from refund amount.
- Processing fees are non-refundable.
- A refund will be issued if the money order has not been cashed and the Money Order Claim Card is properly completed and signed by the purchaser.
- A photocopy will be supplied if the money order has already cashed.
- Claims are processed beginning 45 days from the date of purchase; however, please allow up to 65 days for total processing.
- Incomplete/illegible Money Order Claim Cards or missing ZIP codes can delay processing.
- Failure to include the original money order receipt may delay processing.
- Do not staple fee to form. Do not send checks.

KEEP TOP PORTION FOR YOUR RECORDS. MAIL BOTTOM PORTION TO RGA MONEY ORDERS AT ADDRESS LISTED ABOVE.

Money Order Serial Numbers/Letters	Dollar Amount	Purchase Date
Name and address of location where purchased: Name: _____ Address: _____ City: _____ State _____ Zip: _____	Money Order was: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned with form _____ Money Order was: <input type="checkbox"/> Blank <input type="checkbox"/> Made payable to: _____	Office Use Only <input type="checkbox"/> Fee Received _____ Agent Number _____ Date Replaced _____ Replacement _____ MO #
Name and address of purchaser: Name: _____ Address: _____ City: _____ State _____ Zip: _____	I understand and agree to the following: 1. Only RGA can make the decision whether to pay a money order or not pay it, 2. I am still liable for the original money order and will repay RGA, its clearing banks and trustees and all costs incurred if this money order must be paid for any reason, 3. If I find the original money order, I will return it to RGA and use only the replacement money order provided. X _____ Signature Refund will not be processed unless signed by the purchaser _____ Phone Number	
Make Replacement Money Order Payable To:		