

**Contact us:**

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**Mail paperwork to:**

RGA Money Orders  
 2809 W. 47<sup>th</sup> St.  
 Westwood, KS 66205

# RGA Money Order Claim Form

(To be completed by original purchaser)

**Instructions:**

1. Complete Money Order Claim Form – your signature **must be present** at bottom of form.
2. Mail the following to RGA Money Orders (address listed in upper right-hand corner):
  - Completed and signed Money Order Claim Form
  - **Original Money Order stub(s)** (detachable receipt from money order)
  - Applicable processing fee(s):
    - **\$0 if returning original money order** with claim – write **“VOID”** on money order
    - **\$15** if only returning stub with the claim
    - **\$18** if **NOT** returning the any original money order pieces with the claim – write **“NO STUB”** on your claim
  - Fees will be deducted from the amount of replacement, if not submitted with the claim
    - Fees can be paid by money order, cash, credit or debit.

**NOTE:**

- Purchaser must complete a Money Order Claim Form for each replacement request.
- Most claims can be processed once a money order is 45 days old and has not cashed.
- Incomplete or unreadable Money Order Claim Forms will delay processing.
- Failure to include the original money order stub (detachable receipt) will delay processing.
- A **“NO STUB”** claim will require additional paperwork with a minimum replacement processing time of 90 days.
- Money orders over 12 months old are subject to additional service charges (call for current value)
- Paid fees will be used to cover the cost of a photocopy if the Money Order clears before it is eligible to be replaced.

Money Order #: \_\_\_\_\_ Date submitted to RGA: \_\_\_\_\_

**Keep top portion for your records.**

-----Cut Here-----

Money Order #:	Amount:	Purchase Date:
<b>Claimant Information:</b> Name: _____ Address: _____ City: _____ ST: _____ Zip: _____ Phone #: _____ Email: _____		<b>Original Money order was (circle all applicable):</b> Lost    Damaged    Stolen    Returned  <b>Original Money Order was:</b> Blank ____ Made out to: _____  <b>Make replacement Money Order payable to (cannot process if left blank):</b>  _____  <b>Office Use Only:</b> Stub: Yes / No Agent: _____ Date Replaced: _____  Replacement MO: _____
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. <b>Signature:</b> _____ (Refund will not be processed unless signed by purchaser)		