

Life Choices

PART 1 POLICY DETAILS

Policy Number _____

Life Assured _____

Policy Owner (if other than the Life Assured) _____

PART 2 DECLARATION

I, the undersigned, declare that I have lost the above numbered policy and that:

- a) The policy was last seen in the possession of _____ on/about _____, the policy was lost or destroyed under the following circumstances: _____
- b) The policy has not been assigned, transferred or pledged for any purpose to any other person, and no person other than the undersigned has any claim against the policy except _____
- c) I have made diligent search and inquiry and the policy cannot be found and it is not in the possession or control of any other person to the best of my knowledge.

Select one:

- The policy is to be terminated and a duplicate policy will not be issued.
- I request that a duplicate policy be issued and agree:
 - a. that the issue of the duplicate policy shall in no way alter or affect the right and liabilities arising out of the original policy; and
 - b. to return the duplicate policy immediately to the Company if the original is found; and
 - c. to indemnify the Company against any loss that it may sustain as a result of its issuing a duplicate policy or settling any claim without production of the original policy document; and
 - d. to pay the fee required to issue such policy.

Signed at _____ this _____ day of _____, 20 _____

Signature of Policy Owner/Assignee _____

Witness _____

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Life Assurance and Personal Investments
INSURANCE | HEALTH | PENSIONS | LIFE
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Rev. 08-20