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Declaration of Loss or Destruction of Policy Document

1.0 Policy owner's details

Policy owner 1 (PO1)

Mr	First name
Mrs	Middle name(s)
Miss	Surname
Ms	Previous name
Other	Date of birth
OR	company name

Policy owner 2 (PO2)

Mr	First name
Mrs	Middle name(s)
Miss	Surname
Ms	Previous name
Other	Date of birth
OR	company name

2.0 Contact details

Policy owner 1 (PO1)

PO Box	Private Bag	Street number
Number		
Rural delivery no.	Suburb	
Town/City	Postcode	
Email address		
Contact number	Alternate contact number	

Policy owner 2 (PO2)

PO Box	Private Bag	Street number
Number		
Rural delivery no.	Suburb	
Town/City	Postcode	
Email address		
Contact number	Alternate contact number	

3.0 What has happened to your policy document?

(Please tick the appropriate box)

- I did not receive my policy document
- I have lost my policy document
- I have accidentally destroyed my policy document
- Other (please provide details)

* This section is to be completed by the policy owner(s)

4.0 Address details

Please provide the address where you want us to send the replacement policy.

PO Box	Private Bag	Street number
Number		
Street number		
Rural delivery no.	Suburb	
Town/City	Postcode	

5.0 Declaration

I declare that I have made a thorough search for the policy in all possible places in which the policy is likely to have been and it has not been found, and to the best of my knowledge and belief:

- The policy is not held by any person, bank or company
- The policy has not been sold, assigned, used in support of a mortgage, or deposited as security with any person, solicitor, bank or company

I hereby undertake to indemnify Partners Life Limited, its directors, officers and agents or any of them against claims, costs, damages, expenses, or other liabilities and proceedings arising from the loss of this policy or from providing a replacement policy and from any reliance by Partners Life Limited of any matters set out in this statement. I agree we will return the policy document being replaced immediately if it is found. I also understand that a replacement policy document makes any previous policy documents null and void.

First policy owner's name/company details

Name of witness

Signature/authorised signature of first policy owner

Signature of witness

Date

Date

First policy owner's name/company details

Name of witness

Signature/authorised signature of first policy owner

Signature of witness

Date

Date