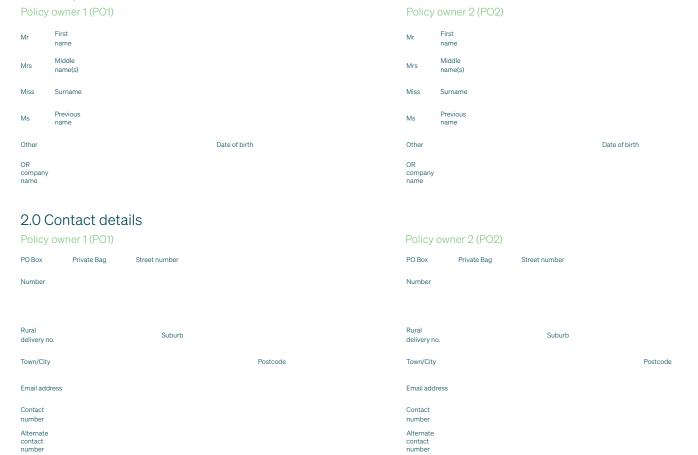




# partners life

# Declaration of Loss or Destruction of Policy Document

## 1.0 Policy owner's details



### 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