

Statement of Loss or Destruction of Policy Document

Your policy details

Policy number

Life/lives insured

Date of birth

D

D

M

M

Y

Y

Y

Y

D

D

M

M

Y

Y

Y

Y

What has happened to your policy document?

Please tick the appropriate box

☐ I have lost/accidentally destroyed the policy document.

☐ I did not receive my policy document.

☐ Other. Please explain

Please indicate what action you would like us to take

☐ Policy remains current — we require replacement document.

☐ Policy cancellation — do not issue a replacement document.

Declaration and indemnity

This section is to be completed by all policy owners.

I declare that:

1. I am the owner/one of the owners of this policy. A thorough search for the policy document has made, and to the best of my knowledge:

The policy is not held by any person, bank or company

The policy has not been sold, assigned, mortgaged or deposited as security with any person, bank or company.

2. I indemnify Resolution Life from and against any claims, costs or other liabilities arising from the loss of this policy or from providing a replacement policy and from any reliance by Resolution Life on any of the matters set out in this statement. I will return the policy document being replaced immediately if it is found.

3. I understand that a replacement policy document makes any previous documents null and void.

Policy owner 1

SIGN HERE

Print Name

Date

D

D

M

M

Y

Y

Y

Y

Policy owner 2

SIGN HERE

Print Name

Date

D

D

M

M

Y

Y

Y

Y

Policy owner 3

SIGN HERE

Print Name

Date

D

D

M

M

Y

Y

Y

Y

(If there are more than three owners, please complete a further form and attach)

Address details

Address to send replacement document to

	Postcode

Please provide at least one contact phone number

Home phone

()

Work phone

()

Mobile phone

()

Adviser name