

Application for Replacement Policy form - Instructions

The following form needs to be completed if a client(s) want a replacement policy document. The original form must be sent to our office with the \$25 Replacement Policy Fee paid.

Note: the Replacement Policy fee can be waived if the Application form is received within 6 months of the policy commencement.

How to complete the Application for Replacement Policy form

I/weenter current owner/s names

Ofenter address of current owner/s

Policy numberenter policy number

Dated thisenter the date the form is being completed

Signature of Owner(s).....owner/s to sign

Signature of Witnessa witness needs to sign and then complete his/her details in the other witness fields

Application for replacement policy

I/We _____

Of _____

Do solemnly and sincerely declare that:

I am/we are the owner(s) described in Policy number: _____ issued by Fidelity Life Assurance Company Limited (the Company).

Although a diligent search has been made for the policy it cannot be found.

The policy has not been deposited or lodged with any banker, solicitor or other person or corporation.

I/we have never mortgaged, assigned or otherwise dealt with the policy and I am/we are not and have never been bankrupt.

I/We request the Company to issue a certified copy of the policy which will take the place of the lost policy, and I/we undertake in the event of the lost policy being found to return it to the Company.

I/We further undertake that I/we shall at all times indemnify and keep Fidelity Life Assurance Company Limited indemnified against any claims made under and all liability in respect of the Policy or the issue of any replacement Policy.

Dated this _____ day of _____ 20____

Signature of Owner(s) _____

Signed by the owner(s), in the presence of:

Signature of Witness _____

Full name of Witness _____

Address of Witness _____

Occupation of Witness _____

Replacement Policy Fee of \$25.00 is to accompany this application.