

Declaration of Loss or Destruction of Policy Document

1.0 Policy owner's details

Life assured 1

Title	First name(s)
Surname	
Date of birth / /	

Life assured 2

Title	First name(s)
Surname	
Date of birth / /	

2.0 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)

3.0 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, ban 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.**

Name of policy owner 1	Name of witness
Signature of policy owner 1	Signature of witness
	Date / /
Name of policy owner 2	Name of witness
Signature of policy owner 2	Signature of witness
	Date / /

4.0 Address details

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

Home address

Town/city	Postcode
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5.0 Contact details

Policy owner 1

Home address

Town/city	Postcode
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Email address

Home phone ()

Business phone ()

Mobile ()

Policy owner 2

Home address

Town/city	Postcode
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Email address

Home phone ()

Business phone ()

Mobile ()
