

for Policy number							



## Declaration of Loss or Destruction of Policy Document

1.0 Policy Owner's details Policy Owner 1 (PO1) Policy Owner 2 (PO2) Mrs Middle Name(s) Mrs Middle Name(s) Miss Surname Miss Surname Previous Previous Date of Birth Date of Birth Company Company 2.0 Contact details Policy Owner 1 (PO1) Policy Owner 2 (PO2) Private Bag Street Number PO Box Street Number PO Box Private Bag Number Number Street Name Street Name Suburb Suburb Delivery No Delivery No. Town/City Postcode Town/City Postcode **Email Address** Email Address Business Business Home Phone Home Phone Mobile Phone Mobile Phone 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 Name Suburb Delivery No 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
	D D M M Y Y
Second policy owner's name/company details	Name of witness
Signature/authorised signature of second policy owner	Signature of witness
	D D M M Y Y
	Date