

## **LOST POLICY DECLARATION**

**Please complete Section A and then read this declaration carefully**

### **Section A**

**This form is not acceptable if the policy number is not completed below.**

**Life(s) Insured:**

**Policy Number:**

**(the “Policy”)**

**Policy Owner(s):**

**(the “Policy Owner”)**

**Assignee(s):**

**(the “Assignee”)**

### **Section B**

All defined terms (unless otherwise defined in this Section B) have the meaning attributed to them in Section A).

I/we do solemnly and sincerely declare that:

1. I am/we are legally/beneficially entitled to the benefit of the Policy and to the monies thereby assured and to give an effectual discharge for same.
2. In consideration of any payment by Zurich Life Assurance plc (the “**Company**”) of all or any part of the amount of any claim under the Policy without delivery of the original policy document (the “**Policy Document**”), I/we undertake and agree to indemnify and keep indemnified the Company, its directors, officers and servants and their property against all claims, demands, loss, damages and expenses that may be sustained at any time hereafter in consequence of any such payment having been so made by the Company without delivery of the Policy Document or by reason of any claim or demand of any person(s) other than the undersigned to the Policy and the Policy monies or any part thereof or otherwise arising on or out of the Policy or any such payment.
3. The said Policy Document has, to the best of my/our knowledge, information and belief, been lost, mislaid or destroyed and, before making this declaration, I/we have made diligent search for it without success.
4. The said Policy has not to the best of my/our knowledge, information and belief been assigned [other than to ourselves]<sup>1</sup>, sold, mortgaged, charged, pledged or in any other way encumbered in any manner to any entity(ies) or person(s) whatsoever/whomsoever which/who has or could have any right, title, interest or claim thereto as against or in priority to my/our title thereto and I/we have not received notice of and I am/we are not aware of any such claim.

**SIGNED by the [Policy Owner/Assignee]<sup>2</sup>**

**Signature .....** **Date;.....**

**Signature.....** **Date; .....**

**Address .....** **Date: .....**

**in the presence of (Independent Witness).....**

**Address .....**

<sup>1</sup> Delete if not relevant (i.e. if no assignee)

<sup>2</sup> Delete as appropriate