



## Lost Policy Declaration & Indemnity Form for Claims

- This form is only valid if all questions are answered.
- Each claimant signature must be witnessed.
- Your claim will be delayed if this form is not valid
- Witnesses must be over 18 and cannot be a spouse

**\*This form is not a surrender request form. A separate signed request must be sent with this form to make a Claim.**

(if different from  
Life Assured)

Policy No.	<input type="text"/>		
Policy Owner.	<input type="text"/>		
1st Life Assured	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd Life Assured	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

1. Original Policy Address:

2. Please state whether the policy has been lost or destroyed:

3. Has the policy ever been assigned? Yes ☐ No ☐

4. Have you sold the policy or done anything to affect your rights of ownership in it? Yes ☐ No ☐

5. Has the policy been delivered to any person for any purpose? Yes ☐ No ☐

If the answer is yes, please state the purpose and circumstances of delivery.

  

**I declare that I have looked in all possible places for the policy and have been unable to find the policy and that the above answers are true to the best of my knowledge and belief.**

### Indemnity

I hereby covenant or as the case may be we hereby covenant jointly and severally:

To indemnify Irish Life against all proceedings, costs, claims, expenses and liabilities whatsoever arising out of any payment by the Company or, as the case may be, arising out of the issue of a copy of the policy to, or to the order of the undersigned, and undertake to deliver up the policy to Irish Life immediately should it be subsequently found.



Please sign and date

#### Signature of First Claimant:

Date   /   /

Witness to signature of First Claimant:

Address of Witness

  
  

#### Signature of Second Claimant:

Date   /   /

Witness to signature of Second Claimant:

Address of Witness

  
  

**PLEASE NOTE: A witness must sign below each claimant signature, and the witness must give their address.**