



Lost Policy Declaration & Indemnity Form

Please note that this form will only be valid if all the questions are answered and the policy holder/s signature/s are witnessed.

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

Signed

(1st Claimant)

Date / /



Please sign and date

Signed

(2nd Claimant)

Date / /

A witness signature and address is required in all cases and may be any person over the age of 18 other than a spouse.



Please sign and date

Signed

(Witness)

Date / /

Address: