

DECLARATION OF LOST DOCUMENT



IN the matter of a document issued by Sagicor Life Jamaica Limited, to and described as Policy No.: _____.

I, _____ DO SOLEMNLY AND SINCERELY DEC LARE :

1. THAT my true place of abode and postal address is _____ and that I am a _____ by occupation.
2. THAT I am the person named in the document described above.
3. THAT I have not assigned, hypothecated, pledged, parted with or in any way disposed of said document.
4. THAT to the best of my knowledge, information and belief the said document has been lost, mislaid or destroyed.
5. THAT I am the sole party interested in said document.
6. THAT I have made diligent search and enquiry for said document, but so far have been unable to find it, and I hereby agree that if said document shall be found by me or come into my possession that I will return it to Sagicor Life Jamaica Limited, except that if the document lost is a full Policy Contract and is replaced by a Policy Certificate, the subsequently found contract is to be retained and the certificate returned to Sagicor Life Jamaica Limited; and

I FURTHER AGREE to indemnify and hold harmless Sagicor Life Jamaica Limited from any loss, cost or damage that the Company may sustain by reason of the loss of said document.

STATE information explaining loss: _____

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing the same to be true and by virtue of Voluntary Declaration Act

| | |
|---|--------------------|
| TAKEN AND ACKNOWLEDGED AT | |
| in the Parish/State of _____ | } |
| this _____ day of _____ 20_____ | |
| before me _____ | |
| SIGNATURE OF JP/NOTARY PUBLIC (PLEASE AFFIX STAMP) | SIGNATURE OF OWNER |

THIS DECLARATION is to be made by the Policy owner or such other person entitled to the possession of the lost policy. THE DECLARATION may be made before a Justice of the Peace, or a Notary Public.

| | | |
|--|---|--|
| Method of Delivery of duplicate policy contract } } | <input type="checkbox"/> Dispatched to Financial Advisor Name: _____ | <input type="checkbox"/> Call policyowner for pick -up: Tel. #: _____ |
|--|---|--|

