



DECLARATION OF LOSS OF POLICY

I/We _____
(Name of Insured or Assignee or Policyowner)

of _____

hereby apply to Sagicor Life Inc to issue a duplicate of Policy No: _____ which has been lost or destroyed, in consideration for which I agree that if the said Policy should subsequently be found, to return the duplicate forthwith to the Company. It is understood that the duplicate Policy shall in no way alter or affect the rights and liabilities arising out of the original policy. I make the following statements under oath in support of this application:

1. I am/We are the _____ under the
Insert "Insured" or "Assignee" or "Policyowner"
Sagicor Life Inc Policy No: _____

2. That the said Policy was lost or destroyed on or about _____, the
circumstances being as follows: _____

3. That diligent search and inquiry has been made for the said Policy, but the same cannot be found.

4. That the said Policy has not been assigned or given as security for a loan or debt other than as
indicated on Sagicor's records.

Signature

SWORN before me at _____

This _____ day of _____ year _____

Notary Public, Magistrate, Justice of the Peace,
or Commissioner of Affidavit

