

Statement of Loss or Destruction of Policy Document

YOUR POLICY DETAILS: POLICY NO.

Life/lives insured Date of Birth
..... Date of Birth

WHAT HAS HAPPENED TO YOUR DOCUMENT?

Please tick the appropriate box

- I did not receive my policy document
 I have lost/accidentally destroyed the policy document. Please explain when you last had your document
.....

PLEASE INDICATE WHAT ACTION YOU WOULD LIKE US TO TAKE

- Policy cancellation – do not issue a replacement document
 Policy remains current – we require a replacement document
(I enclose a cheque for \$40 replacement policy fee OR deduct \$40 from my payment)

DECLARATION AND INDEMNITY

I declare that:

I am the owner/one of the owners of this policy. A thorough search for the policy document has been made, and to the best of my knowledge:

- The policy is not held by any person, bank or company
- The policy has not been sold, assigned, mortgaged or deposited as security with any person, bank or company

I indemnify AMP from and against any claims, costs or other liabilities arising from the loss of this policy or from providing a replacement policy and from any reliance by AMP on any of the matters set out in this statement. I will return the policy document being replaced immediately if it is found.

I understand that a replacement policy document makes any previous policy documents null and void.

To be completed by all policyowner/s

1ST OWNER'S SIGNATURE	PRINT NAMES:	DATE
WITNESS SIGNATURE .....	.....	DATE
2ND OWNER'S SIGNATURE .....	.....	DATE
WITNESS SIGNATURE .....	.....	DATE
3RD OWNER'S SIGNATURE .....	.....	DATE
WITNESS SIGNATURE .....	.....	DATE

(if more than three owners, please complete a further form and attach)

Address to send replacement document to: Contact Telephone No. (owner)
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Send this form to: Customer Services
AMP Life
PO Box 1290
Wellington

Adviser Name
 \$40 Paid Receipt No..... Date



AMP Customer Services Freephone 0800 808 267

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