

Lost Policy Declaration

Policy Numbers: _____ Policyholder: _____

I the undersigned hereby declare that to the best of my knowledge and belief these Policy Documents are lost, mislaid or destroyed.

I agree to indemnify and hold harmless Irish Life Assurance from and against all claims, costs, charges and expenses which may incur by reason thereof. I also agree to deliver the policy documents to the said Company should it hereafter come into my possession.

Signature: _____

Address: _____

Date of Birth: _____ Date: _____

Witness: _____

Address: _____
