

Lost policy declaration

Important notes

Please complete all sections using **black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. Please do not use correction fluid.

Please ensure that all sections are fully completed. Information in this form is confidential when completed. Please note that in this form words in the singular shall include the plural and vice versa.

◀ This symbol highlights the signature sections within this form which need to be signed by the policyholders or financial adviser.

Please read the following notes carefully before completing this form.

Lost policy documents

Throughout this document 'the Company' refers to AXA Life Europe dac.

A policy document should not be considered lost until all possible enquiries and searches have been made. There is a list of places you should look and people you could check with, before completing this form.

The list is not exhaustive and one or more points may not apply in every case.

- Additional policyholders or additional trustees
- Your financial adviser
- Bank/Financial Institution

Non Receipt

If your policy has been issued less than 6 months ago and the policy document was never received by your financial adviser, your financial adviser can sign this lost policy declaration and return it to us.

If your policy was issued more than 6 months ago, the declaration form will need to be signed by all policyholders, trustees or authorised signatories.

What do to next

Return the completed form to:

AXA Life Europe dac,
 Wolfe Tone House,
 Wolfe Tone Street,
 Dublin 1,
 Ireland.

A Policy details

1 Policy number	
2 Product type e.g. Selection	
3 Name of first policyholder/trustee/ authorised signatory	
4 Name of second policyholder/trustee/ authorised signatory	
5 Name of third policyholder/trustee/ authorised signatory	
6 Name of fourth policyholder/trustee/ authorised signatory	

A Policy details (continued)

7 Correspondence address (in full)	
	Postcode
8 Telephone number (including international dialing code)	
9 Email address	

Please enter details of the correspondence address for the policy here.

I declare that all information within this form is to the best of my knowledge and belief accurate and correct.

Please note any questions not completed in full will result in delays in issuing duplicate policy documents.

10 Tick here if you never received a policy document	<input type="checkbox"/>
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11 a Is the policy currently held as security against a loan, mortgaged or assigned to an individual or organisation?	<input type="checkbox"/> yes (please give details)	<input type="checkbox"/> no
b Has the policy ever been mortgaged?	<input type="checkbox"/> yes (please give details)	<input type="checkbox"/> no
c Give details of any other transactions in relation to the policy.		

B Declaration

By submitting this form **I confirm and declare** that:

If I have ticked the box in section A question 10, I have not received the original policy documentation and that I have no knowledge of its whereabouts.

If I have NOT ticked the box in section A question 10, I have conducted a thorough search and enquiry and believe to the best of my knowledge that the policy documentation has been lost or destroyed.

C Policyholders legal responsibility

If, on a future occasion, the lost document should come into my possession, I will return it immediately to the Company, and I agree to meet and pay on demand to the Company any claim, costs, loss, damage, expense or demands suffered by the Company in consequence of:

- 1 issuing a duplicate Policy Schedule or Statement of Benefits in substitution of the original policy document, and/or
- 2 making a payment to me under the policy without production of the original policy document, to the Company.

The signatory witness must be independent and should not be a member of the signatory's family.

	Policyholder/ Trustee/ Authorised Signatory 1	Policyholder/ Trustee/ Authorised Signatory 2
Signature		
Date (dd/mm/yyyy)		
In the presence of (full name of witness)		
Signature of independent witness		
Date (dd/mm/yyyy)		
Witness address		
	Postcode	Postcode
Occupation of witness		

◀ Sign here

◀ Sign here

	Policyholder/ Trustee/ Authorised Signatory 3	Policyholder/ Trustee/ Authorised Signatory 4
Signature		
Date (dd/mm/yyyy)		
In the presence of (full name of witness)		
Signature of independent witness		
Date (dd/mm/yyyy)		
Witness address		
	Postcode	Postcode
Occupation of witness		

◀ Sign here

◀ Sign here

Notes

This item has been issued by AXA Life Europe dac, which is registered in Ireland (No 410727).
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Authorised by the Central Bank of Ireland and subject to limited regulation by the Financial
Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation
by the Financial Conduct Authority and Prudential Regulation Authority are available upon
request. Telephone calls may be recorded. Member of the AXA Group.