

# LOST POLICY DECLARATION FORM

**You should complete this form if you wish to cash in all or some of your policies and can't locate your policy schedule(s). Our withdrawal and cash-in forms are available on our website [www.athora.com/ie](http://www.athora.com/ie)**

**You should also complete this form if you wish to replace a policy schedule(s) that has been lost or destroyed.**

Before filling in this form please check that the policy documents aren't held by your bank or building society as security, or by your solicitor or financial adviser.

Please complete all relevant sections of this form by typing in the fields.

Once complete, please print and sign using a pen.

Alternatively, please print and complete in BLOCK CAPITALS and in ballpoint pen.

If any of the information on this form needs to be changed, it should be initialled by the applicant.

Reason for submitting form, please mark as appropriate.

- ☐ Replacement required
- ☐ Full or part policy cash in

When completed, please post this form to:

Athora Ireland plc  
2nd Floor, IFSC House  
Custom House Quay  
Dublin  
D01 R2P9  
Ireland

Personal information you provide on this form will be held and processed by us in accordance with the European General Data Protection Regulation, Irish data protection law and any applicable national privacy legislation. We need to collect this personal information so that we can carry out your instruction checks and in doing so carry out our contractual obligations.

See our **Protecting your personal information** leaflet which can be found on our website [www.athora.com/ie](http://www.athora.com/ie). It explains how we manage your personal information and provides details on your data protection rights, how long we will hold information on you, contact details of our Data Protection Officer should you have any queries or concerns and how you can contact the Irish Data Protection Commission. If you provide Athora with personal information relating to any other individual you must ensure that you have a lawful basis to collect and process it. In completing this form, you confirm that you have provided any such individual with a copy of our **Protecting your personal information** leaflet and all other information that such an individual is legally entitled to under the European General Data Protection Regulation.

## 1. POLICYHOLDER DETAILS

Policy number

Name(s) of policyholder(s)

Address of policyholder(s)

Postcode

Date of birth (dd/mm/yyyy)

Phone number

Email address



## 2. DECLARATION

In this declaration 'I/we' means the policyholder(s) and 'you' means Athora Ireland plc.

- 2.1** I/We declare that I am/we are legally entitled to the proceeds of the above policies, for which the policy documents have been lost, mislaid or destroyed.
- 2.2** I/We guarantee and undertake to indemnify you against all loss and expense incurred by you in consequence of payment under the above policies being made to me/us without delivery of the policy documents. If the lost policy documents subsequently come into my/our possession, I/we will deliver it to you.
- 2.3** I/We confirm that the statements made in this declaration to be true to the best of my/our knowledge and belief.

**If this plan/bond is assigned or held under trust, all assignees and/or trustees must sign this declaration.**

Date (dd/mm/yyyy)

Signature of policyholder/trustee

X	X
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Print name

Signature of policyholder/trustee

X	X
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Print name

If there are more than two policyholders/trustees, additional policyholders/trustees can sign and print their name anywhere on this page. Alternatively, they can sign and print their name on a blank piece of paper and attach it to this form – this should be initialled and dated by all policyholders/trustees. The attachment must also be witnessed with the same details requested on this page.

**This declaration must be witnessed.**

**The witness should be over 18 years of age and can't be the wife, husband or civil partner of the policyholder.**

Date (dd/mm/yyyy)

Full name

Address

Postcode

Signature of witness

X	X
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