

Application for replacement plan

Use this form to request a replacement plan, or to request payment of the proceeds of your plan.

When a plan is lost or destroyed the *Life Insurance Act 1995* provides that a replacement plan may be issued. Once the replacement plan has been issued, it replaces the original plan in all respects. If the original plan document is subsequently found or recovered, please return it to Resolution Life promptly.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Plan details

Plan number

Product type

2. Name of life insured

Surname

Given name(s)

3. Plan owner(s)/Member details

Plan owner 1

Title

Date of birth

Surname

Given name(s)

Plan owner 2 (if applicable)

Title

Date of birth

Surname

Given name(s)

4. Application details

What are you applying for?

a replacement for the plan

! By selecting this box, you acknowledge that after the replacement plan has been issued, any previously issued replacement plans shall be void.

the plan proceeds

5. Declaration

I/We declare that:

- I/We declare that the plan has been destroyed or is lost and that a diligent search has been made for it without it being found.
- To the best of my/our knowledge and belief, the plan has not been lodged for safekeeping with any person.
- To the best of my/our knowledge and belief the plan has not been transferred/assigned/lodged for security or otherwise deposited, charged or dealt with, nor has the plan document been disposed of by me/us, nor have the moneys payable thereunder or my/our interest therein been transferred to any other person(s).
- I/We undertake that I/we will deliver the plan or any previously issued replacement policies to Resolution Life if either is found.
- I/We undertake that I/we shall at all times indemnify and keep Resolution Life indemnified against any claims made under (and all liability in respect of) the plan, or the issue of any replacement plan (as applicable).

Signature of plan owner/member

Date

Signature of plan owner 2 (if applicable)

Date

Where to send this form

Mail this completed form to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001

Any questions?
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