

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1** Has the policy been assigned, charged or deposited as security for any monetary or other considerations? If yes, please give details.

Yes No

- 2** Has the policy been sold or transferred or have you done anything to affect your rights of ownership in it? If yes, please give details.

Yes No

- 3** Has the policy been delivered to any person for any purpose? If yes, please give details.

Yes No

- 4** How did the loss of the policy occur? (Describe the lost policy document(s), giving as much detail as possible, including dates, if appropriate, of when they were lost in your possession or how they were destroyed.

Yes No

- 5** Has action been taken to recover the policy?

Yes No

POLICYHOLDER PROMISE

I/We confirm that the details in this form are true and complete. I/we confirm that I/we have never been bankrupt nor had any Order in Bankruptcy made against us nor have I/we committed any act of bankruptcy.

I/We agree that payment by Utmost PanEurope dac of all money from or in respect of the policy arising from this Declaration is in full and final discharge of all my/our claims on the policy.

If the policy documents are discovered I/we shall return them to Utmost PanEurope dac and they shall not be binding on Utmost PanEurope dac in any way whatsoever.

I/We promise that I/we will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result of any untrue, misleading or inaccurate information carelessly given by me/us, or on my/our behalf, either in this Declaration or with respect to benefits from the policy.

I/We also promise that I/we will be responsible for any losses and/or expenses which are the result of any untrue, misleading or inaccurate information deliberately given by me/us or on my/our behalf, either in this form or with respect to the benefits or claims from the policy.

SIGNATURE

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

SIGNATURE

SIGNATURE

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

To be completed by a Solicitor empowered to administer Oaths/a Commissioner for Oaths/a Justice of the Peace - **If this document is sworn outside the United Kingdom please attach certificate of attesting officers authority.**

Before me a Solicitor/Commissioner for Oaths/Justice of the Peace (delete as appropriate)

Name

Address

Postcode

					-			
--	--	--	--	--	---	--	--	--

SIGNATURE

SIGNATURE

Stamp

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---