

**Lost Policy Declaration  
 Affidavit and Agreement**

P.A. Policy No. \_\_\_\_\_ Primary Insured: \_\_\_\_\_

On the Life of \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day / Month / Year

Notice is hereby given to The Manufacturers Life Insurance Company (Manulife Financial), herein called the "Company", that the above mentioned policy is lost, in evidence thereof, the undersigned gives herein, without reservation, all relevant information including answers to the following questions:

1. Has the policy ever been bargained, sold, pledged, hypothecated, transferred, assigned or set over in whole or in part to any Company, Corporation, Association, Party or Person as collateral security or otherwise?  
 Yes  No **If yes, provide details below**
2. Has any claim or demand ever been made in any manner against the policy or has any trust or charge been impressed upon it by any Person, Party, Parties, or Court of Law?  
 Yes  No **If yes, provide details below**
3. Was the policy ever in the possession (or is it now in the possession) of any Party, or Person such as a Beneficiary, Assignee, Trustee, Attorney or otherwise?  
 Yes  No **If yes, provide details below**
4. When did you first discover the loss of the policy? Describe circumstances under which the said contract was lost or state your reason for believing it is lost.

Question No.	If you answered "YES" to any of the above questions, please provide details below.

I hereby declare, that the statements herein contained are true and complete to the best of my knowledge and belief. I further covenant and agree, for myself, my Executors, Administrators and Assigns, to indemnify and save harmless the Company from all clients, suits, damages, costs, charges and expenses, including counsel fees, by reason of the said Policy being in the hands of any Party or Parties other than myself.

The Company is hereby requested to issue a replacement policy.

If a replacement policy is issued, it is hereby understood and agreed that its issuance shall be deemed to be a full satisfaction and discharge of the original Policy, which has been lost. It is further agreed that if the original Policy is found anytime hereafter, it shall be returned immediately to the Company.

Owner \_\_\_\_\_ Witness \_\_\_\_\_

Signed at \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

The company reserves the right to withhold the issuance of a Replacement Policy until it has received evidence to its satisfaction that the original contract is lost or destroyed.