



# LOST POLICY DECLARATION

Please complete and return to Cigna Life Insurance, Freepost 11 8004, PO Box 24031, Wellington 6142.  
We recommend you keep a copy of this form for your records.

## 1 DECLARATION

Please print your details clearly in CAPITAL letters using a pen

I,  of

do hereby declare that:

1. I am registered as the owner of Policy No.  issued by Cigna Life Insurance Company of New Zealand Limited (Cigna) on the life of .
2. I have made a thorough search for the Policy, and have arranged for third parties who might have had the policy to look for it but have been unable find it.
3. I have not lodged the Policy with an accountant, bank, solicitor or other person.
4. I am the owner of the Policy and confirm it has never been sold, assigned, mortgaged or deposited as security with any person.
5. I am not bankrupt.
6. I last saw the Policy at   
on (date)  /  /  and confirm it has either been lost or accidentally destroyed.
7. I request Cigna to issue me a certified copy of the Policy. I agree to deliver up to Cigna the lost Policy should it at any time be found.

Dated at  this  day of  
, (year) 20 .

Signature of Policy Owner

## 2 WITNESS DETAILS

Full Name

Address

Occupation

Signature of Witness