

# Application for Replacement Policy Lost/Destroyed Policy Indemnity

When you are certain that the policy has either been destroyed or cannot be found (it may have been lodged with a bank, solicitor or accountant), please complete this Application for Replacement Policy - Lost /Destroyed Policy - Indemnity form and return it to MetLife **with your payment of \$60.00**. Please make cheques payable to MetLife Insurance Limited.

Payment is required so MetLife may advertise in a newspaper in the district in which the owner of the policy ordinarily resides its intention to comply with your request for a Replacement Policy in accordance with the Life Insurance Act 1995.

## Section A: Personal Details

Name of Life Insured:

Policy Commencement Date:

D	D	/	M	M	/	Y	Y
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Policy Number:



Name of Policy Owner(s):

Address:

Suburb:

State:

Postcode:

## Section B: Declaration

- I/We declare that the Policy 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 Policy has not been lodged for safekeeping with any person.
- To the best of my/our knowledge and belief the Policy has not been transferred, assigned, lodged for security or otherwise deposited, charged or dealt with, nor has the Policy been disposed of by me/us nor have the benefits payable thereunder or my/our interest therein been transferred to any other person(s).
- I/We undertake that I/we will deliver the Policy or any previously issued replacement policies to MetLife Insurance Limited if either is found.
- In consideration of the payment of the Policy proceeds without production of the Policy I/we undertake I/we shall at all times indemnify and keep MetLife Insurance Limited indemnified against any claims made under and all liability in respect of the Policy or the issue of any replacement policy.

### Signature of Policy Owner(s)

1 Signature

Date

D	D	/	M	M	/	Y	Y
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Please return (with payment as specified above)

2 Signature

Date

D	D	/	M	M	/	Y	Y
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Please return (with payment if specified above)

## Section C: Witnesses

1 Name of Witness

Signature

Date

D	D	/	M	M	/	Y	Y
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2 Name of Witness

Signature

Date

D	D	/	M	M	/	Y	Y
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MAIL TO: MetLife Insurance Limited  
Reply Paid 3319  
SYDNEY NSW 2001

**MetLife**<sup>®</sup>

MetLife Insurance Limited  
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**1300 555 625**

Monday to Friday 8.00am to 6.00pm EST

Products are offered by MetLife Insurance Limited, which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife Insurance Limited are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group. Prepared September 2007.

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