



## Declaration of Lost Policy Contract

Policy Number

Agent Code

Please fill in block letters & tick appropriate boxes and circles. Requests received by FWD service counters within the cut-off time of 2:00 PM will be processed within the day. Requests received beyond said cut-off may be processed the next day.

### 1.) Personal Data of Policy Owner (Your personal information in our database shall be updated based on the details you provide below.)

Title	Last Name	First Name	Ext Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Information:		Country Code	Area Code	Telephone/Mobile Number
Residential Telephone Number		<input type="text"/>	<input type="text"/>	<input type="text"/>
Business/Office Telephone Number		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone Number		<input type="text"/>	<input type="text"/>	<input type="text"/>
				ex: (63)(43)765-4321
				ex: (63)(2)765-4321
				ex: (63)917-7654321
Preferred Mailing Address:		<input type="radio"/> Email	<input type="radio"/> Business/Office	<input type="radio"/> Residence
E-mail Address		<i>If you want to receive notices through e-mail, please be advised that NO hardcopy will be sent to your residence or office.</i>		
<input type="text"/>				
No. and Street		Barangay/Subdivision		
<input type="text"/>		<input type="text"/>		
Municipality, Town/City		Province/Country		Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>

### 2.) Service Request/s

<b>REPLACEMENT OF LOST POLICY</b>		<input type="radio"/> Email	<input type="text"/>
<input type="radio"/> Send to Preferred Mailing Address	<input type="radio"/> Pick up at Branch		
<input type="radio"/> Send thru My Agent	<input type="radio"/> For Surrender or Death Claim with Lost Policy (Reprint not required)		

### 3.) Indemnity Agreement

I, \_\_\_\_\_, a \_\_\_\_\_ citizen of legal age, Single/ Married/ Widowed/ Divorced/ Separated and residing at \_\_\_\_\_, the Insured/Policy Owner of Policy No. \_\_\_\_\_ issued by FWD LIFE INSURANCE CORPORATION do hereby request FWD to issue a copy of the Policy in consideration of which I forever release and absolutely discharge FWD, its successors and assignees, from any and all liabilities, claims, and demands in or to said original Policy No. \_\_\_\_\_.

WHEREAS, said original Policy No. \_\_\_\_\_ has been misplaced/lost/mutilated/Others: \_\_\_\_\_

NOW, THEREFORE, in consideration of the premises, I agree to indemnify and save harmless FWD from all actions, causes of action, claims and demands growing out of any interest in said original Policy, or any assignment thereof.

IN WITNESS WHEREOF, I have hereunto set my hand at \_\_\_\_\_, Philippines this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Place Signed \_\_\_\_\_ Date:  /  /

\_\_\_\_\_  
Policy Owner's Signature over Printed Name

\_\_\_\_\_  
Witness Signature over Printed Name

The undersigned hereby agrees to the above:

\_\_\_\_\_  
Irrevocable Beneficiary's Signature over Printed Name

\_\_\_\_\_  
Assignee's Signature over Printed Name

Note: (1) If there is more than one irrevocable beneficiary or assignee, indicate signatures at the back of the form. (2) This section must be signed by the Policy Owner, the assignee, and all irrevocable beneficiaries, if any. If any of the irrevocable beneficiaries is below 18 years of age or has passed away, additional documents will be required. (3) If this form will be signed outside the Philippines, please have the form authenticated by the nearest Philippine Consul in your locality. (4) The witness should be a disinterested adult person.

**5.) Notary Public**

Republic of the Philippines _____ _____ _____	}	S.S.	
Before me, the undersigned Notary Public in and for _____ personally appeared _____ with Competent Evidence of Identity: _____			
known to me to be the same person who executed the foregoing Agreement, and acknowledged to me that they executed the same as their own free and voluntary act and deed.			
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at _____, Philippines, this, _____ day of _____, 20 _____.			
Doc No. _____ Page No. _____ Book No. _____ Series of 20 _____	_____ <b>NOTARY PUBLIC</b> My commission expires December 31, 20 _____		

**6.) Data Protection**

FWD has appointed a Data Protection Officer to handle any inquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Corporation Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 19/F, W Fifth Avenue Bldg., 5th Avenue cor. 32nd Street, Bonifacio Global City, Taguig City 1634, Philippines.

PLEASE DO NOT SIGN ON A BLANK FORM.

POS FORM DLP061114 V1