

Lost Policy Form

Policy number(s):

The original policy document is important. You should make every attempt to find it before completing this form. You may need to check whether it has been placed with your accountant or solicitor for safekeeping or used as security for a loan or mortgage from a bank or building society. If it has been used as security, you will need to get written consent from the bank or building society before we can pay the policy money.

Please read this form carefully before signing it. By signing the form you are agreeing to repay the money if another person or body is entitled to the policy proceeds instead of you. You should consider the matter carefully and if you are in any doubt ask a solicitor for advice.

Receipt of this form does not guarantee that we will make payment to you.

Your signature must be witnessed by a professional person, **who is currently practising and has not retired from their profession and has known you personally for at least two years. The witness must not be related to you in any way.**

(A professional person can be anyone from the following list: Solicitor, Bank Manager, Financial Adviser, Chartered Accountant, Doctor, Member of the Clergy, Police Inspector)

I/We request Aviva to pay the amount due under the policy to me/us.

I/We confirm that I am/we are entitled to this money.

I/We confirm that a thorough search has been made for the original policy document but it has not been found.

I/We agree to repay the money to Aviva if any other person or body proves to Aviva that they are entitled to this payment instead of me/us.

First claimant

Full name

Signature

Date

Witness statement

I

(full name of witness)

a

(professional capacity of person from the above list)

Please note the witness must be currently practising in their profession and not have retired.

of

(name of firm/company)

at

(address of firm/company)

hereby confirm that the above named

(name of claimant)

has been known to me personally for

years (at least 2)

Signature of witness

Telephone number

Company/office stamp

See over the page for second claimant form.

Second claimant

Full name

Signature

Date

Witness statement

I

(full name of witness)

a

(professional capacity of person from the above list)

Please note the witness must be currently practising in their profession and not have retired.

of

(name of firm/company)

at

(address of firm/company)

hereby confirm that the above named

(name of claimant)

has been known to me personally for

years (at least 2)

Signature of witness

Telephone number

Company/office stamp

Aviva Life & Pensions UK Limited

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