

**SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED**

Scotiabank Centre, 5th Floor, Corner Duke &amp; Port Royal Streets, Kingston, Jamaica W.I.

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In the matter of a document issued by **SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED**, to and described as

Policy/Plan No.: \_\_\_\_\_

I, \_\_\_\_\_, who was born on \_\_\_\_\_

do solemnly and sincerely declare:

1. That my true place of abode and postal address is \_\_\_\_\_  
and I am a \_\_\_\_\_ by occupation.
2. That I am the Policy Owner/Plan Member/Beneficiary named in the document described above.
3. That I have not assigned, hypothecated, pledged, parted with or in any way disposed of said document.
4. That to the best of my knowledge, information and belief the said document has been lost, mislaid or destroyed.
5. That I am the sole party interested in said document.
6. That I have made diligent search and enquiry for said document, but so far have been unable to find it, and I hereby agree that if said document shall be found by me or come into my possession that I will return it to Scotia Jamaica Life Insurance Company Limited, except that if the document lost is a full Policy/Plan Contract and is replaced by a Policy Certificate, the subsequently found contract is to be retained and the certificate returned to Scotia Jamaica Life Insurance Company Limited.
7. State any further information explaining loss:

8. Replacement contract to be collected at branch \_\_\_\_\_  
(INDICATE BRANCH NAME)

And I make this solemn Declaration conscientiously believing the same to be true, and by virtue of the Voluntary Declaration Law.

Taken and acknowledged this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before:

(A witness whose signature appears below and who falls in the category noted in the instructions).

\_\_\_\_\_  
SIGNATURE OF POLICY OWNER/PLAN MEMBER/BENEFICIARY\*\_\_\_\_\_  
SIGNATURE OF JUSTICE OF THE PEACE/COMMISSIONER OF AFFIDAVITS  
(AFFIX STAMP)

\* Beneficiary is only eligible to sign if the Policy/Plan Owner is deceased.

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**For Head Office use only**

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_