Desjardins Financial Security
life, health, retirement

Statement and Request regarding Policy Loss

Policy Number_____ issued by Desjardins Financial Security

I, _____state that:

1. I am the _____of the above numbered policy and as such have knowledge of the matters
(Owner, insured or assignee)
hereinafter referred to.

2. The statements made in answer to the following questions are true in substance and in fact:

(a) Under what circumstances was the Policy lost or destroyed?

_____

(b) When did the loss or destruction occur?

_____

(c) In whose possession or control was the Policy at the time?

_____

3. I request that the Company:

- Issue to me a certificate
- Issue to me a duplicate of the above policy
- Pay the proceeds of the above policy without surrender of the policy to the Company

In Consideration of the issuance of a copy of the Policy or payment of the proceeds by the Company under the provisions of the Policy mentioned in the above Statement hereof without surrender of the said Policy to the Company, I hereby agree with the Company to indemnify the Company from and against all claims, losses, damages, expenses and charges which may sustain, incur, or be liable to in respect of, or arising from, or by reason of the loss of the policy and the issuance of the copy thereof or by reason of the payment without surrender of the said Policy. I further agree that if at any time the said Policy shall be found, I will immediately return it to the Company.

Dated this _____day of _____20_____

_____ _____

Witness Signature