

Life Choices

PART 1 POLICY DETAILS

Policy Number _____

Life Assured _____

Policy Owner (if other than the Life Assured) _____

PART 2 DECLARATION

I, the undersigned, declare that I have lost the above numbered policy and that:

- The policy was last seen in the possession of _____ on/about _____, the policy was lost or destroyed under the following circumstances: _____
- The policy has not been assigned, transferred or pledged for any purpose to any other person, and no person other than the undersigned has any claim against the policy except _____
- I have made diligent search and inquiry and the policy cannot be found and it is not in the possession or control of any other person to the best of my knowledge.

Select one:

- The policy is to be terminated and a duplicate policy will not be issued.
- I request that a duplicate policy be issued and agree:
- that the issue of the duplicate policy shall in no way alter or affect the right and liabilities arising out of the original policy; and
 - to return the duplicate policy immediately to the Company if the original is found; and
 - to indemnify the Company against any loss that it may sustain as a result of its issuing a duplicate policy or settling any claim without production of the original policy document; and
 - to pay the fee required to issue such policy.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Life Assurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Life Assurance Company Ltd. processing my personal data, in accordance with Coralisle Life Assurance Company Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Life Assurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Life Assurance Company Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signed at _____ this _____ day of _____, 20 _____

Signature of Policy Owner/Assignee _____

Witness Signature _____ Name _____

Coralisle Life Assurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 293 5433 | Fax 441 296 4146 | www.CGCoralisle.com

Life Assurance and Personal Investments
INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 07-25

The Insurance Store Limited acts as the representative and insurance agent on behalf of Coralisle Life Assurance Company Ltd. in accordance to Section 24 of the Insurance Act, 2008 in the British Virgin Islands.