

HARCOURT LIFE

# Declaration of Loss of Plan Schedule

Please complete this form using BLOCK CAPITALS.

## STEP 1 BOND DETAILS

Contract Type  
(tick one box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Investment Bond                           | <input type="checkbox"/> Inheritance Plan                   |
| <input type="checkbox"/> Complete Investment Portfolio             | <input type="checkbox"/> Universal Capital Account          |
| <input type="checkbox"/> Guaranteed With Profit Bond               | <input type="checkbox"/> Flexible Investment Plan           |
| <input type="checkbox"/> International With Profit Investment Bond | <input type="checkbox"/> Portfolio Bond                     |
| <input type="checkbox"/> International With Profit Redemption Bond | <input type="checkbox"/> Dublin With Profit Redemption Bond |

PLAN NUMBER

## STEP 2 OWNERS OF THE BOND - PERSONAL INVESTORS ONLY

Owner 1

Title (please tick)

- Mr  Mrs  Ms  Other (in full)

Surname

Forename(s) (in full)

Address

(for correspondence)

  
  

Owner 2 (if any)

Title (please tick)

- Mr  Mrs  Ms  Other (in full)

Surname

Forename(s) (in full)

Address

(for correspondence)

  
  

Owner 3 (if any)

Title (please tick)

- Mr  Mrs  Ms  Other (in full)

Surname

Forename(s) (in full)

Address

(for correspondence)

  
  

Owner 4 (if any)

Title (please tick)

- Mr  Mrs  Ms  Other (in full)

Surname

Forename(s) (in full)

Address

(for correspondence)

  
  

If there is an additional owner of the bond, please copy Step 2, complete the corresponding details for the additional owner and attach the completed page to this Declaration of Loss of Plan Schedule.

### STEP 3 OWNERS OF THE BOND - TRUSTEE / CORPORATE INVESTORS ONLY

Name of Trust/Corporate Body

Address (for correspondence)

Please complete the details below for all of the Trustees / Authorised Signatories who are authorised to give instructions relating to this bond.

Name of Trustee/  
Authorised Signatory 1

Name of Trustee/  
Authorised Signatory 2 (if any)

Name of Trustee/  
Authorised Signatory 3 (if any)

Name of Trustee/  
Authorised Signatory 4 (if any)

If there is an additional trustee / authorised signatory of the bond, please copy Step 3, complete the corresponding details for the additional trustee / authorised signatory and attach the completed page to this Declaration of Loss of Plan Schedule.

### STEP 4 DECLARATION

I declare that:

- The Plan Schedule is lost.
- I am the legal owner of the bond and I am legally entitled to the proceeds of the above bond.
- The bond has not been assigned, pledged as security or given to any person who could have any claim upon it.
- I will return the Plan Schedule to Harcourt Life if this is found.
- I will indemnify Harcourt Life against any claim and any loss or expense which it may occur in consequence of the above not being true and/or payment of the proceeds being made without the Plan Schedule being returned to Harcourt Life.

Signature of Owner / Trustee / Authorised Signatory 1

Date

Signature of Owner / Trustee / Authorised Signatory 2 (if any)

Date

Signature of Owner / Trustee / Authorised Signatory 3 (if any)

Date

Signature of Owner / Trustee / Authorised Signatory 4 (if any)

Date

If there are additional owners / trustees / authorised signatories of the bond, please copy this page, complete the corresponding details for each additional owner / trustee / authorised signatory and attach the completed page to this Declaration of Loss of Plan Schedule.

### PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website [www.harcourtlife.ie](http://www.harcourtlife.ie) or you can request a copy from our Customer Service Team.

Not for distribution in the USA or Canada. Address for correspondence:

Harcourt Life Ireland Designated Activity Company, 16 Joyce Way, Park West Business Park, Dublin 12, Ireland.

Telephone number (+353-1) 804 4000. Telephone calls may be recorded. Fax (+353-1) 804 4005. Website address: [www.harcourtlife.ie](http://www.harcourtlife.ie)

Harcourt Life is a trading name of Harcourt Life Ireland Designated Activity Company. Harcourt Life Ireland Designated Activity Company is regulated by the Central Bank of Ireland and is registered in Ireland (Company No. 242244). The company's registered office is Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland. Directors: William Finn - Chairman, Alan Foley - Chief Executive, Matthew Coffey, Tim Madigan, Ian Maidens (British), Henry O'Sullivan, Paul Thompson (British).

HARCOURT LIFE