

**Please complete and forward this form to CDSPI.**

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Account Number \_\_\_\_\_

Policy/Certificate Number \_\_\_\_\_ (the "document") issued by The Manufacturers Life Insurance Company (the Company).

I, \_\_\_\_\_ state that:

1. I am the \_\_\_\_\_ of the above numbered document and as such have knowledge of the matters  
(Owner 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 document lost or destroyed?

\_\_\_\_\_

b) When did the loss or destruction occur?

\_\_\_\_\_

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

\_\_\_\_\_

I request that the Company issue to me a duplicate of the above document. In consideration of the issuance of a copy of the document, I hereby agree with the Company to indemnify the Company from and against all claims, losses, damages, expenses and charges which it may sustain, incur, or be liable to in respect of, or arising from, or by reason of the loss of the document and the issuance of the copy thereof. I further agree that if at any time the said document shall be found, I will immediately return it to the Company.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Year)

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Signature of owner