

Declaration of Loss of Plan Schedule

Please complete this form using BLOCK CAPITALS.

STEP 1 BOND DETAILS

Contract Type	Guaranteed With Profit Bond
PLAN NUMBER	<input type="text"/>

STEP 2 OWNERS OF THE BOND - PERSONAL INVESTORS ONLY

Owner 1		Owner 2 (if any)	
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (in full)	Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (in full)
Surname	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>	Forename(s) (in full)	<input type="text"/>
Address (for correspondence)	<input type="text"/> <input type="text"/> <input type="text"/>	Address (for correspondence)	<input type="text"/> <input type="text"/> <input type="text"/>
Owner 3 (if any)		Owner 4 (if any)	
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (in full)	Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (in full)
Surname	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>	Forename(s) (in full)	<input type="text"/>
Address (for correspondence)	<input type="text"/> <input type="text"/> <input type="text"/>	Address (for correspondence)	<input type="text"/> <input type="text"/> <input type="text"/>

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 SMI if this is found.
- I will indemnify SMI 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 SMI.

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.

Not for distribution in the USA or Canada.

Address for correspondence:

The appointed representative of SMI in Hong Kong is Scottish Mutual International Limited Hong Kong Branch, Suite 3605, The Center, 99 Queen's Road Central, Hong Kong

Registered in Hong Kong no. F11741.

Telephone: (+852) 3929 4333. Telephone calls may be recorded.

Fax: (+852) 2169 0181. Website address: www.smi.ie

Scottish Mutual International Limited is authorised and regulated by the Central Bank of Ireland and is registered in Ireland (Company No. 242244). The company's registered office is 25-28 North Wall Quay, Dublin 1, Ireland.

An up-to-date list of its directors, containing the particulars required by paragraphs (a), (b) and (c) of Section 196(1) of the Companies Act 1963, is available upon request from the company's registered office.

