

## WIRELESS EQUIPMENT REPLACEMENT AFFIDAVIT FAQs

### How to Submit the Required Documentation

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1. Print, fill out, and sign the Claim Affidavit.
2. Scan or take pictures of both the completed Claim Affidavit and your valid photo identification.
3. Securely upload both documents and track your claim at [www.myphoneguardian.com/boostmobile](http://www.myphoneguardian.com/boostmobile) under My Plan.

Once submitted, please allow up to 2 business days for your documentation to be reviewed. Additional time may be required if submitted by mail. If you provide your email address, we will contact you once we have received your documents. If you have not received communication regarding the status of your Replacement Request within 2 business days of submitting your documentation, call us at (844) 534-3099.

### What Types of Identification are Acceptable to Submit?

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Valid government-issued photo identification acceptable to submit are listed below.

- Driver's License
- State or Federally Issued ID
- Resident Alien Permit
- Passport
- Immigrant Visa
- U.S. Military ID

In order to ensure that your photo identification is legible, the identification must be in color and contain the Enrolled Subscriber's name and photograph, and cannot be expired. If the identification appears altered, forged, illegitimate, or is illegible we may not be able to proceed with your Replacement Request.

### What if I Don't Have the Requested Information?

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If you don't know or have an email address or contact number(s), go ahead and submit the form. All information in Section II, Replacement Request Details, is required. If you do not provide the required information, additional documentation and time for review may be required.

### What Else do I Need to Know?

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You can view all the terms and conditions applicable to your Replacement Request here:  
<https://www.myphoneguardian.com/>.

After your Replacement Affidavit has been processed, you may be instructed to call (844) 534-3099 to continue your Replacement Request.

## WIRELESS EQUIPMENT REPLACEMENT AFFIDAVIT

**IMPORTANT LEGAL NOTICE:** A person who knowingly makes or presents a false or fraudulent Affidavit with the intent to injure, defraud, or deceive may be guilty of a crime and may be subject to fines and confinement in prison. When fraud is discovered, Brightstar Device Protection will take appropriate steps to stop such fraud and will pursue all available legal remedies.

### Section I: Subscriber Information

Enrolled Subscriber's Printed \_\_\_\_\_ Mobile Number \_\_\_\_\_

Name Wireless Carrier \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

You must submit a valid copy of one of the government-issued IDs listed below. Please select the type submitted.

- Driver's License
- Resident Alien Permit
- Passport
- State or Federally Issued ID
- U.S. Military ID
- Immigrant Visa

### Section II: Replacement Request Details

**If your device has been lost or stolen, before submitting this Affidavit you must report your device as lost or stolen to your wireless carrier and the device must be suspended or deactivated on your carrier's network. By submitting this Affidavit, you acknowledge and certify that you have reported your lost or stolen device to your wireless carrier and have requested that the device be suspended or deactivated on your wireless carrier's network.**

Device Make/Model \_\_\_\_\_ Loss/Incident/Failure Date \_\_\_\_\_

My device is (select one):  Stolen  Damaged  Malfunctioning  Lost

Please describe the loss, incident, or failure:

\_\_\_\_\_

\_\_\_\_\_

### Section III: Sworn Statement

I hereby make a Replacement Request against the insurance company/service contract provider as shown on this Affidavit. I acknowledge that if any property which is the subject of this Replacement Request and which is replaced or paid for by the insurance company/service contract provider is recovered at any time, it is the property of the insurance company/service contract provider and must be returned to the insurance company/service contract provider. I understand that if I fail to return such property, I am subject to, and authorize, a non-return fee using the method of payment used to originally file this Replacement Request. A certified electronic signature shall have the same effect as an original signature.

I swear/affirm that the wireless device I am claiming is owned by me and that the information provided above is true and accurate. I understand that any false or misleading statement made herein is fraud and I may be found guilty of a crime. Brightstar Device Protection, LLC will take all legal actions possible in the event of a fraudulent Replacement Request.

Enrolled Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_