## Wireless Equipment Replacement Affidavit FAQs

### **How to Submit the Required Documentation**

- 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 myphoneguardian.com 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?

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

In order to ensure that the photo identification you submit is legible, the identification must be a colour copy, contain the enrolled Subscriber's name as well as photograph, and cannot be expired. If the identification you submit appears altered, forged, illegitimate, or is illegible, we may be unable to proceed with your Service Request.

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

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?

You can view all the terms and conditions applicable to your Replacement Request here: 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, Likewize Device Protection will take appropriate steps to stop such fraud and will pursue all available legal

Section I: Subscriber Information	
Enrolled Subscriber's Printed Name	Mobile Number
Wireless Carrier	
Billing Address	
City	
Email Address	Contact Number(s)
You must submit a valid copy of one of the government-issued IDs list	ted below. Please select the type submitted.
□ Driver's License □	State or Federally Issued ID
□ Resident Alien Permit □	Immigrant Visa
□ Passport	
Section II: Replacement Request Details If your device has been lost or stolen, before submitting this Affidavit carrier and the device must be suspended or deactivated on your ca and certify that you have reported your lost or stolen device to your suspended or deactivated on your wireless carrier's network.	rrier's network. By submitting this Affidavit, you acknowledge wireless carrier and have requested that the device be
Device Make/Model	
Loss/Incident/Failure Date	
My device is (select one): ☐ Stolen ☐ Damaged ☐ Malf Please describe the loss, incident, or failure:	functioning   Lost
Section III: Sworn Statement I hereby make a Replacement Request against the insurance compan acknowledge that if any property which is the subject of this Replace insurance company/service contract provider is recovered at any tim contract provider and must be returned to the insurance company/se such property, I am subject to, and authorize, a non-return fee using the Request. A certified electronic signature shall have the same effect as I swear/affirm that the wireless device I am claiming is owned by me as I understand that any false or misleading statement made herein is from Protection, LLC will take all legal actions possible in the event of a frage.	ement Request and which is replaced or paid for by the e, it is the property of the insurance company/service ervice contract provider. I understand that if I fail to return the method of payment used to originally file this Replacement as an original signature.  and that the information provided above is true and accurate. and and I may be found guilty of a crime. Likewize Device
Enrolled Subscriber's Signature	Date



