RESOLUTION life

Boskruin Office Park,
President Fouche Avenue,
Boskruin, 2154
(Entrance Boskruin Village Centre)

P O Box 1555, Fontainebleau, 2032

Telephone: 0861 543 326
Facsimile: 086 559 9451

Return RAPID UNDERWRITING MODEL (RUM)

This form is to be completed by the Premium Payer on the selection of the Resolution Life Return product, where the Premium Payer differs from the Life Assured.

PERSONAL DETAILS

Quote No

Premium Payer's First Name(s) (*in full*)

Premium Payer's Surname

ID No.

GENERAL INFORMATION

Height cm

Weight kgs

Smoker YES NO

if "YES" how many cigarettes do you smoke per day?

Do you consume Alcohol? YES NO

if "YES" state type and amount in units per day/per week:

Type of Alcohol Units per week

Type of Alcohol Units per week

Type of Alcohol Units per week

DECLARATION OF HEALTH

The information which is requested from you below, will be incorporated in and form part of the insurance application and Policy. Thus it is imperative, when responding to these questions, that you consistently take cognisance of the fact that, any form of non disclosure or mis-representation of information will or may impact on the validity of your Policy. The details that you will be providing are of a personal nature and will therefore be treated confidentially.

1) Has any application for insurance on your life ever been declined, postponed, withdrawn or accepted with special terms, by any Insurance Company? YES NO

2) Do you have a past three (3) year medical record with a certified registered medical practitioner and, if and when required could you supply these records? YES NO

3) Do you regard yourself to be in good health and in the past three (3) years have not received any form of medical treatment for a medical illness or disorder other than for colds flu or dental treatment? YES NO

DECLARATION

It is agreed and declared that:

- The information supplied above, whether by my hand or not, are true and complete and are to form the basis of the contract with Resolution Life.
- **I understand that any misrepresentation or non disclosure of material information will render all Benefits granted by Resolution Life null and void. In addition, any claim paid under such misrepresentarion or non disclosure will be recovered from the Policy Owner or Beneficiary (*where applicable*) by Resolution Life.**

Signatures

I/We, the undersigned, confirm that I/we have read this declaration and understand its implications.

Signed at *(place)* _____ Date D D M M C C Y Y

Signature of Premium Payer _____