

FINANCIAL STATEMENT - Personal Needs Cover

INFORMATION DISCLOSED WILL BE TREATED AS CONFIDENTIAL

Life to be Assured:

I.D. Number: Applicant/Owner

Application Number:

All sections must be completed. If a Financial Needs Analysis has been done, please attach.

SECTION 1

Require education qualification description _____

Income Details:-

Please state your income earned from occupation in the last 3 years:

Year:

Year:

Year:

R

R

R

Please state your income from other sources in the last 3 years i.e. property rental income, dividend from shares, interest etc.:

Year:

Year:

Year:

R

R

R

SECTION 2

Personal net worth:

ASSETS		LIABILITIES	
Property	R <input type="text"/>	Mortgage (s)	R <input type="text"/>
Deposits	R <input type="text"/>	Loans	R <input type="text"/>
Shares	R <input type="text"/>	Other	R <input type="text"/>
Other	R <input type="text"/>		
TOTAL	R <input type="text"/>	TOTAL	R <input type="text"/>

Personal net worth (assets minus liabilities) R

SECTION 3

Reason for this cover Estate Duty Dependants (state no.) Liabilities Other

Specify: _____

Please state how the amount was derived: _____

SECTION 4

How much cover is currently in force on your life including that with other assurance companies? Please give a breakdown of amounts, ownership, and reason for cover and assurance company.

Amount of Life Cover	Ownership of Contract	Reason for Cover	Assurance Company

DECLARATION

I/We declare that this Financial Statement is true and correct and agree that such statement, together with the application for life assurance and any forms, statements, reports or other information completed or supplied by me/us or any party on my behalf shall form the basis of the contract. I/We declare that no material fact has been withheld, misstated or concealed by me/us and that I/we will disclose all material facts prior to acceptance of risk. I/We agree that any misstatement or omission in this Financial Statement may lead to any contract being limited to a level of cover, as determined by Resolution Life, and that in such an event all excess contributions paid in respect thereof shall be forfeited.

Signed at _____ this _____ day of

D	D	M	M	Y	Y	Y	Y
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Signature of Life to be Assured

Signature of Owner/s (if any)