

DECLARATION OF VERIFICATION OF THE IDENTITY OF THE APPLICANT

I, _____ declare that I have taken due and proper care to verify the true identity of the applicant and have witnessed his/her signature, and I have inspected the applicant's:

ID No.

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Passport No.

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Card type Driver's License number: _____

Signed at _____ this _____ day of _____

Signature of Medical Examiner

Signature of applicant

Please note that in the event of any modification or variation of this standard form Resolution Life will regard this form as being invalid and of no force and effect.
Do not sign blank or incomplete forms.

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
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