

FINANCIAL STATEMENT KEYMAN ASSURANCE

THE INFORMATION DISCLOSED BY YOU WILL BE TREATED IN THE STRICTEST CONFIDENCE

Life to be Assured (Keyman): _____

ID No.

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Applicant/Owner: _____

Application Number: _____

All sections must be completed.

SECTION 1 *(No need to complete this section if audited financial statements for the last 3 years are available for reference).*

Total Assets of Business:

Year _____	Year _____	Year: _____
R _____	R _____	R _____

Total Liabilities of Business:

Year _____	Year _____	Year _____
R _____	R _____	R _____

Business Turnover:

Year _____	Year _____	Year _____
R _____	R _____	R _____

Gross Profit:

Year _____	Year _____	Year _____
R _____	R _____	R _____

Net Profit:

Year _____	Year _____	Year _____
R _____	R _____	R _____

Amount of Goodwill

Year _____	Year _____	Year _____
R _____	R _____	R _____

How was the current amount of goodwill derived?

Net Assets (including goodwill minus liabilities):

Year _____	Year _____	Year _____
R _____	R _____	R _____

SECTION 2

Nature of business conducted:

Retailer
 Manufacturer
 Wholesaler
 Financial Services
 Professional
 Other

If "other", please provide details: _____

SECTION 3

How many people in the business have similar job functions/accountabilities or have the same skills as the Life to be Assured (Keyman)?

SECTION 4

How long has the Keyman been employed in the business _____

SECTION 5

Number of year's experience in the filed of expertise? _____

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.

SECTION 6

Keyman's qualifications: _____

SECTION 7

Does the Keyman have a shareholding or interest in the business? YES NO

SECTION 8

Please provide keyman's annual remuneration package for the past 3 years. Please provide breakdown of remuneration where income is derived from various sources.

Source1: _____

Current Year: R _____ Last year: R _____ 2 years ago: R _____

Source 2: _____

Current Year: R _____ Last year: R _____ 2 years ago: R _____

Source 3: _____

Current Year: R _____ Last year: R _____ 2 years ago: R _____

Source 4: _____

Current Year: R _____ Last year: R _____ 2 years ago: R _____

Source 5: _____

Current Year: R _____ Last year: R _____ 2 years ago: R _____

SECTION 9

How much cover is currently in force or being applied for on the keyman's life with Resolution Life and with other assurance companies? Please give a breakdown of amounts, ownership, name of assurance company and reason for cover.

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

SECTION 10

Position and duties of the Keyman in the business with specific attention to why he/she is a Keyman e.g. special skills, knowledge, experience, etc. In addition please state the proportion of the turnover/profit that can be attributed to the key person.

Give a brief justification of the sum assured applied for and show how the calculations were derived.

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 the risk. I/We agree that any misstatement/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 _____ on this _____ day of _____

Signature of Life to be Assured (Keyman)

Signature of Owner/s (If any)