

FINANCIAL STATEMENT – PERSONAL NEEDS COVER

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

2. Income details

Are you married in community of property? YES NO

State your income earned from your occupation in the last 3 years

Year 1 _____ Year 2 _____ Year 3 _____
 R _____ R _____ R _____

State your income from other sources in the last 3 years, e.g. property rental income, dividends, interest, etc.

Year 1 _____ Year 2 _____ Year 3 _____
 R _____ R _____ R _____

3. Financial needs

Has a financial needs analysis (FNA) been completed? YES NO

(If YES, attach the FNA, and only complete Sections 5 and 6)

Personal net worth

Assets		Liabilities	
Property	R _____	Mortgage(s)	R _____
Deposits	R _____	Loans	R _____
Shares	R _____	Other	R _____
Other	_____		
TOTAL	R _____	TOTAL	R _____
Personal net worth (assets minus liabilities)			R _____

4. Estate duty (Complete only if FNA not submitted)

4.1 Total personal assets _____
 4.2 Personal cover being applied for and in force _____
 4.3 Estate duty calculations _____

5. Reason for cover

Estate duty _____ Dependants _____ (state no.) Liabilities _____
 Other (specify) _____

Initials

6. Cover in force

How much cover is currently in force on your life, including cover with other companies? Please include current applications with other companies.

Amount of life cover	Ownership of policy	Reason for cover	Insurance company

7. Declaration by life insured

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, mis-stated, 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 mis-statement/omission in this financial statement may lead to any contract being limited to a level of cover, as determined by Hollard Life, and that in such an event all excess contributions paid in respect thereof shall be forfeited.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

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