

Financial Disclosure Form for Lapsed Policy Reinstatement

Policyholder Information

Full Name

Policy Number

Date of Birth

Residential Address

Phone Number

Email

Employment & Income Details

Occupation

Employer Name

Gross Annual Income

Reason for Policy Lapse

Describe reason for policy lapse

Current Financial Situation

Assets (approximate value)

Liabilities (approximate value)

Explanation (if any significant financial changes occurred since the policy lapsed)

Declaration & Consent

I declare that the information provided above is accurate and complete to the best of my knowledge. I understand that any misstatement or omission may affect the reinstatement of my lapsed policy.

I authorize the insurer to verify the information provided as necessary.

Signature of Policyholder

Date