

# 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

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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.

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

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Signature of Policyholder

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Date