



DECLARATION OF CONTINUED GOOD HEALTH

Policy No. \_\_\_\_\_

Life Assured \_\_\_\_\_

DECLARATION

I declare that apart from the details\* given below I have not suffered from any illness, accident or other disability since applying to EFU Life Assurance Ltd., for this Policy (or since the Policy was last reinstated, if later), that I am otherwise in good health and that my occupation and country of residence are unchanged.

\* Details of change in health, occupation or residence. If there is no change-please mark "No".

1. Change in Health?  Yes  No
If 'Yes', give details: \_\_\_\_\_

2. Change in Occupation?  Yes  No
If 'Yes', give details: \_\_\_\_\_

3. Change in Residence?  Yes  No
If 'Yes', give details: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell No: \_\_\_\_\_

Important Notice

Any omission or mis-statement of a material fact could affect the payment of benefits under the policy. If you are uncertain whether a fact is material or not, please include it on this declaration.