

Details of Policy

Quotation number(s)/Policy number(s)

Name of Life Assured

Details of Premium Payer

First Name(s)

Last Name

Address

Relationship to Life Assured

Please state the reason why the Payer will be paying the premiums:

Declaration by Premium Payer

I/We hereby declare that I/we will be paying the premiums for this policy for the reasons stated above, and agree that my/our status as Premium Payer alone does not infer any entitlement to any interest in the benefits of the policy, or the ownership thereof.

Signature

Date

Full Name (if signing on behalf of a company)

Designation (if signing on behalf of a company)

UL Premium Payer Disclaim 12.16

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com