

Confidential Financial Statement - UND 54



To be completed by the Applicant

Part of the application for life insurance number

Gulf Operations

Please provide all relevant information completely and legibly.

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Personal Details

Full name of Proposed Insured

Policy Owner's full name (if other than the Proposed Insured)

Proposed Insured's Date of Birth Relationship to Policy Owner

Please list all nationalities: 1) 2) 3)

Occupation of Proposed Insured and/or Policy Owner

Plan applied for Coverage amount applied for

Purpose of Insurance (tick as applicable)

- Personal Family protection Saving and protection Personal loan protection Inheritance tax protection
- Business Key person coverage Business loan protection Shareholder/Partnership Investment

*For Business covers, please complete the Business Insurance Questionnaire.

Other Explain

Beneficiary(ies)

Existing Insurance (for all Proposed Insureds)

Full Name	Policy No.	Company	Effective Date	Status	Amount	Annual Premium	Life/PA/Group

Assets and Liabilities

For personal coverage. Please detail the proposed Insured's personal assets and liabilities.

For business coverage. Please detail the business assets and liabilities.

Assets (at market value)

Cash in bank(s)	\$ <input type="text"/>
Notes receivable	\$ <input type="text"/>
Accounts receivable	\$ <input type="text"/>
Real estate	\$ <input type="text"/>
Stocks and bond (not included in cash above)	\$ <input type="text"/>
Personal property (auto, furniture, jewelry, etc..)	\$ <input type="text"/>
Cash value life insurance	\$ <input type="text"/>
Other assets (please define)	\$ <input type="text"/>
Total	\$ <input type="text"/>

Liabilities

Notes/loans payable to banks	\$ <input type="text"/>
Notes/loans payable to others	\$ <input type="text"/>
Mortgages or liens on real estate	\$ <input type="text"/>
Taxes and interest due	\$ <input type="text"/>
Loans of life insurance	\$ <input type="text"/>
Other liabilities (please define)	\$ <input type="text"/>
Total	\$ <input type="text"/>

Proposed Insured's Income in the Past 3 Years (please use a separate sheet for the Policy Owner's income details)

	Current year	Last year	The year before
Annual salary	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bonuses/commissions	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Share of profits/dividends	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other income (please specify sources):			
Source 1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Source 2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
*If receiving share of profits / dividends, indicate percentage of company ownership <input type="text"/>			

Personal/Business Banking References

Bank <input type="text"/>	Address <input type="text"/>
Bank <input type="text"/>	Address <input type="text"/>

Do you agree referring to them, if necessary, for the purpose of assessing your application? Yes No

If 'no', please explain

Are there any suits pending or judgements against you at this time? Yes No

If 'yes', please provide complete details

The following financial disclosures are made for the purpose of establishing insurability in connection with pending Life Insurance Application on my life. They are furnished as a true and accurate statement of my financial condition on this statement date and are supported by evidence provided by me. I understand that the disclosures form part of the Contract and that incorrect information or failure to disclose any material fact may invalidate the Contract.

I hereby provide MetLife unambiguous consent, to process, share, and transfer my personal data to any recipient whether inside or outside the country, including but not limited to the Company Headquarters in the USA, its branches, affiliates, Reinsurers, business partners, professional advisers, Insurance Brokers and/or service providers where the transfer or share, of such personal data is necessary for: (i) the performance of this Policy; (ii) assisting the Company in the development of its business and products; (iii) improving the Company's customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to the Company.

***Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances/activities or any transactions undertaken with MetLife.

I further authorize MetLife to obtain from any source it deems appropriate including any bank and/or financial institution, any information concerning my financial status and bank accounts.

Signed at Place City/Country on this day of 20

Name of Proposed Insured	<input type="text"/> Full Name in his/her own handwriting	<input type="text"/> X Signature
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Name of Owner (if other than Proposed Insured)	<input type="text"/> Full Name in his/her own handwriting	<input type="text"/> X Signature
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Name of Witness	<input type="text"/> Full Name in his/her own handwriting	<input type="text"/> X Signature
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****Note:** All information included in this form and all other information received by MetLife is treated in strict professional confidentiality.