



## LETTER OF HEALTH

This is to confirm that I, \_\_\_\_\_, have had no change in my health or lifestyle since my last Pro Financial Services, LLC Lloyd's, London Disability Application Part I dated \_\_\_\_\_, and Medical Application - Part IIA and Examination dated \_\_\_\_\_, and as of \_\_\_\_\_, I am fit and healthy.

Yes \_\_\_\_\_

No \_\_\_\_\_ (If no, please give full details)

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to confirm that I, \_\_\_\_\_, have not had a decrease in my Earned Income of greater than 10% since my last Pro Financial Services, LLC, Lloyd's, Confidential Financial Information Form dated \_\_\_\_\_.

Yes \_\_\_\_\_

No \_\_\_\_\_ (If no, please give full details)

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date