



Policy Holder: Shafira Yates Policy #: YAT477FRS5CLWE

Effective Coverage Dates: 14 January 2006 - 10 July 2037 P.O. Box 649, 459 Aliquam Ave Address: Pukekohe, North Island 3632

Policy Amount: \$49,636.00 Deductible: \$250.00 Out of Pocket Max: \$1,000.00

DEPENDENTS

Date of Birth First Name Zia 31 January 2001 Page Summary

Dependents

1/0 14 January 2006