

STATEMENT OF GOOD HEALTH AND INSURABILITY

COMPLETED AS A CONDITION TO THE DELIVERY OR CHANGE OF

POLICY NO _____ ON THE LIFE OF _____

I the undersigned hereby declare that I am in good health and that, since the date of my last examination (or Declaration of Insurability in Lieu of Examination) for insurance in

- (1) I have continued in good health.
- (2) I have not made an application for insurance, which has been declined, postponed, or modified.
- (3) I have not consulted or been examined by a physician or practitioner.

If there are any exceptions to any of the above statements give full details in the space provided.

Exceptions

I hereby represent that all of the foregoing statements are true and correct and that I have fully stated all exceptions.

Dated at _____ this _____ day of _____ 20 _____

Witness

Signature of person to be insured

The insured should sign on the above line in all cases.

IF THIS FORM IS REQUIRED IN CONNECTION WITH AN INSURANCE POLICY APPLIED FOR
BY A THIRD PARTY, THE LATTER SHOULD SIGN BELOW

The undersigned certifies the above and foregoing as being correct and agrees to be bound thereby.

Witness

Signature of person applying for insurance
(if other than proposed insured)