

POLICY DELIVERY RECEIPT

Policy Number: _____ Application Date: _____
Contract Date: _____ Policy Issue Date: _____
Insurance Company: _____
Name of Life Insured: _____ Smoker*- Yes No
Name of Policy Owner: _____
Primary Beneficiary: _____

1.) Has there been any change in the health or insurability** of the proposed insured(s) which would require a change to any answer or statement made in the application or medical?

YES NO

2.) Has any person proposed for insurance had any symptoms of any disease or condition, consulted or been attended by a medical practitioner since the date of the original application?

YES NO

3.) Has any life insured:

a) made an application for life or health insurance or reinstatement of any life or health insurance with any other company since the above application date?

YES NO

b) has any application for insurance (life or health) been modified, declined or postponed by any other company since the date of above-mentioned application?

YES NO

If you have answered YES to any of questions #1, #2 or #3 a) or b), please provide full details on the reverse of this form. Any change in health, lifestyle or occupation must be reported to the Company in order to complete the Policy Application, Underwriting and Policy Issue process.

My signature below certifies the accuracy of the declarations above and that I have received, reviewed and understand the provisions of my life insurance policy.

Signature of Life Insured

Witness

Date

Signature of Policy Owner (If other than Life Insured)

Witness

Date

Note: Your policy includes a copy of your application and the medical questionnaire if one was completed. Please review all the questions and the answers you provided and make sure the answers were complete and correct when submitted and that they remain accurate. If there are any errors or omissions we should deal with them during your 10 day right of rescission period.

* Non-Smoker means no use of tobacco or nicotine in any form, including chewing, gum or patch.

** Any possible change of insurability voids this policy until an underwriter has considered the issue. In addition to any health symptom, changes could include speeding tickets, changes of job duties, changes in life style, sports activities and even changes in the health of your blood family.