

Policy Number:		Date:
	Important	
Failure to pay your premiums on time will resul your Policy, simply accomplish the form below a	t to the cancellation of your Policy and	thus forfeiture of all benefits thereunder. To apply for reinstatement of it of amount(s) due.
A. LIFE INSURED INFORMATION		
Name		
Last Name	First Name	Middle Name
Landline Number	Mobile Number	E-mail Address
Mailing Address		·
B. POLICY OWNER INFORMATION (	If other than the Life Insured)	
Name		
Last Name	First Name	Middle Name
Landline Number	Mobile Number	E-mail Address
Mailing Address		I
DECLARATION OF INSURABILITY		
		For any YES answers, please give complete details in the space provided below
Does the Life Insured expect to change occupation	on or country of residence?	
	Yes No Yes No	
3. Is the Life Insured currently taking any medication	n or undergoing any medical	
treatment for any ailment?	Yes No Yes No	
Has the Life Insured been advised hospital confinundergone any medical or surgical treatment?	pement, taken any diagnostic test or  Yes No Yes No	
Does the Life Insured engage or intend to engage car, motorboat racing or any other extreme sport		
	Yes No Yes No	
6. For female Life Insureds, are you currently pregna	ant? If so, how many months?  Yes Nomonths	
7. Life Insured's Current Heightft/	/inches/cm Weightlbs/kilos	
Policy Owner's Current Heightf	t/inches/cm Weightlbs/kilos	(Should you need more space, please use the back of this form and affix your signature.)
ncludes a Payor's Death Benefit Rider) are tru acceptance of this application.	e, correct and complete and that I have	ne Life Insured (and to the Policy Owner, if the Policy being reinstated we not withheld any material fact that may influence the assessment o failure to disclose on my part any material fact known to me may caus
Signature over Printed Name of P	olicy Owner	Signature over Printed Name of Life Insured (If other than the Policy Owner)