

Producer #: _____

CONFIDENTIAL FAILURE TO SURVIVE APPLICATION FORM

Policy Owner/Beneficiary: _____
Phone Number: _____ Email: _____
Address of Policy Owner: _____

PERSONAL INFORMATION

Name of Insured Person: _____
Date of Birth: ____/____/____
Requested Benefit Amount: \$ _____
Occupation: _____ Daily Duties: _____
Period of Insurance: _____

PROPOSED INSURED PERSON INSURABILITY

If "Yes" is answered for any of the following questions please provide full details in the space below. If there is not sufficient space, please attach your answers on a separate sheet.

1. Is the proposed insured currently or planning to participate in any hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the proposed insured planning to undertake any foreign travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the proposed insured have any medical condition that would affect this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own any other Life Insurance policies on the life of the Insured Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any other factors affecting this insurance of which you are aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the proposed insured engage in private piloting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Justification of the sum insured: _____ _____	

Details to the answers above: _____

DECLARATION

(The Applicant must read this before signing)

I am aware that the policy wording contains exclusions in coverage in respect of AIDS, HIV, suicide, alcohol and drugs. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this application does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application and the statements made in it and the information provided in connection with it will be relied on by the underwriters in deciding whether to accept this insurance.

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed application will be available on request provided the insurance is effected. You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

Policy Owner's Name: _____ Title: _____

Signature _____ Date: _____