



## Addendum/Supplement To Application

Proposed Life Insured: \_\_\_\_\_

Proposal No: \_\_\_\_\_

The following is submitted as an addendum/supplement to and form part of the application.

I certify that (1) there has been no change in the health status of myself and all covered person(s), and that I and/or a covered person(s) has/have not received any medical attention, consultation or examination since the date the said application was completed; (2) all my answers in the course of the said application are still true.

I agree that this form will constitute part of my application for life insurance and that failure to disclose any material fact known to me may invalidate the contract.

The Proposed Policy Owner agrees that this declaration together with the declaration on the above mentioned application and any statement made to the Medical Examiner for the Company shall form the basis of the proposed contract.

\_\_\_\_\_  
Name of Proposed Life Insured/Policy Owner/Policy Payer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location