



IDENTIFICATION

Name of the person(s) to be insured: _____

Name of policyowner(s): _____

Contract number: _____

Effective date of contract: _____

STATEMENT

I the undersigned hereby agree to the terms and conditions of the contract mentioned above.

I declare that the insurability conditions for the person(s) to be insured have not changed between the date of signature of the insurance application and the date of this statement. Insurability conditions may influence the insurer's decision and include:

- the state of health of the person(s) to be insured;
- their profession or occupation;
- their lifestyle;
- their driving record;
- their participation in hazardous sports;
- foreign travels or stays;
- criminal activities, etc.

Moreover, I declare that the state of health of the person(s) to be insured has not deteriorated during this period. In addition, none of them have suffered an accident, consulted or been treated by a physician, or undergone a medical examination, except examinations required for the purpose of analyzing this insurance application.

In addition, if the preferred rate has been approved, I confirm that there has been no change in the smoking habits of the proposed insured(s) since the application was signed.

SIGNATURES

Signature of policyowner(s)

Signature of the person(s) to be insured
(if minor, signature of father, mother or tutor)

Name (BLOCK LETTERS) and signature of the financial security advisor or life and health trainee

Date D M Y

Name (BLOCK LETTERS) and signature of the training supervisor