

Advisor's Statement



1 General Information

Insured	Policy Number
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2 Questionnaire

1. When did you first have contact with the Insured regarding the issuance of the above policy/ies?

2. How were you referred to the Insured?

3. a. Did you know the insured prior to taking the application for the above policy? Yes No
b. If the answer is yes, how long?
c. What was your relationship?

4. Where was the application completed?

5. Who supplied the information of the application?

6. List any witnesses to information exchanged between yourself and the applicant/ insured at any point during the sale time frame.

7. Were all questions asked to the applicant/insured and answers recorded? Yes No

8. Were all signatures of the applicant/insured obtained and were you a witness to those signatures? Yes No

9. a. At the time of taking the application, did the (insured or) applicant disclose any information to you or were you aware of any information which is inconsistent with the information shown on the application, or omitted from the application? Yes No
b. If yes, specify the inconsistent information and the reason it was not disclosed on the application.



2 Questionnaire (continuation)

10. Where, when and how was the policy delivered?

11. Was it delivered personally to the insured? Yes No

12. a. At the time of the delivery, were you aware of any changes in the facts disclosed on the application? Yes No

b. If the answer is yes, what were the changes?

13. Was the insured apparently in good health at the time of the delivery of the policy? Yes No

14. Were you aware of any change in health between the time of the taking of the application and the delivery of the policy? Yes No

15. When was the first premium collected?

16. How was this paid (cash, check, dividends, loans and/or cash surrender value of other policies)?

17. a. Are you aware of any unusual circumstances surrounding the death of the insured Yes No

b. If the answer is yes, please give details

11 Signature

I hereby declare to the best of my knowledge that the information given by me are true and correct.

Signature of the Advisor

X

Printed Name of the Advisor

Address

Place of Signing

Date of Signing (month/day/year)