

Declaration of Good Health

I hereby certify that I am in good health and entirely free from any mental or physical impairments or deformities, and that within the last two (2) years, I have no application for any life insurance which has been declined or accepted on a basis other than that applied for, nor have I been diagnosed as suffering from diabetes, cancer, cardio-vascular diseases or HIV-related disease, nor have I been advised to have hospital treatment or surgery.

I hereby declare that the above information and statements are true. I agree that these shall be the basis of the issuance of my insurance coverage and that The Insular Life Assurance Company, Ltd. shall not be liable for any claim on account of illness, injury or death, the cause of which occurred prior to the approval of my request for insurance coverage and withheld or concealed in the above information and statements.

Applicant's Name and Signature

Name of Company or Group

Date of Signing