STATEMENT OF GOOD HEALTH AND INSURABILITY

TO FORM PART OF PART II OF APPLICATION DATED .....

FOR ASSURANCE WITH **SAGICOR LIFE INSURANCE TRINIDAD & TOBAGO LIMITED** ON THE LIFE

OF.....

Since the date of the last Medical Exam or Non-Medical Questionnaire the Proposed Insured:

1. has continued in good health,
2. has not made an application for insurance which has been declined, postponed or modified,
3. has no other application for insurance pending in any other company at the present time,
4. has not consulted or been examined by a physician or practitioner and
5. his/her insurability as a life insurance risk has not been changed by any event or circumstance.

If there are any exceptions to any of the above statements, give full details in the space provided.

Exceptions: .....

.....

.....

The Proposed Insured (and the Applicant if other than the Proposed Insured) represent that the foregoing statements are true and complete and that all exceptions have been stated.

Dated at ..... this ..... day of ..... 20 .....

....

Signature of Applicant
(If applicant is other than Proposed Insured)

Witness

....

Signature of Proposed Insured

Witness

Sagicor Number: .....