

Own or any occupation declaration

This form is to be completed for all applications where the occupation class is followed by 'b' in the underwriting guide.

Application number _____

Name _____

Date of birth / / _____

With reference to the income protection and waiver of premium benefits on my/our application.

I agree that the definition of disability that shall apply to any policy issued to this application, notwithstanding anything contained in the standard terms and conditions, will be as follows:

'The life insured is totally unable, by reason of sickness or accident, to follow his/her own occupation or any other occupation.'

I/We agree to the above terms regarding my/our application dated _____ and understand that this definition of disability differs from that contained in the standard terms and conditions.

A copy of this supplementary questionnaire will be provided on request.

Signature (First Life) _____

Date _____

Signature (Second Life) _____

Date _____