

Own or similar occupation declaration

Application number

Name

Date of birth

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

I/We agree that the definition of disability that shall apply to any policy issued pursuant 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 for which fitted by reason of education, training or experience and is not following any other occupation.

I/We agree to the above terms regarding my/our application dated _____

A copy of this declaration will be provided on request.

Signature (First Life)

Date

Signature (Second Life)

Date
