

Declaration of Continued Insurability

- 1) Name of Life Insured (in full) _____
- 2) *Since the last application on your life to the Company dated* _____
in connection with Policy No. _____
- a) Are you now in as good health? _____
- b) Have you had any illness or injury or consulted a physician? _____ (If "Yes" give details below)

Illness, injury, or other reason for consultation	Date	Duration	Name, initials and address of the physician consulted on each occasion.

- c) Have you applied for insurance or reinstatement which has been declined, postponed, accepted on special terms or on which no decision has been given? _____ (If "Yes" give details) _____

- d) Have you any prospect or intention of residing outside Canada or of flying or travelling in the air other than as a fare paying passenger on regularly scheduled air lines? _____ (If "Yes" give details) _____

- 3) State your occupation (exact duties) _____
Have you any intention of changing your occupation? _____ (If "Yes" give details) _____

- 4) State your height and weight. Complete either (a) or (b) in each case.
Height: (a) _____ ft. _____ ins. or (b) _____ cms.
Weight: (a) _____ lbs. or (b) _____ kgs.

I declare that I have made no statement to any agent of the Company or to any other person connected with the Company which in any way qualifies or modifies the above answers which I have read and certify to be true and complete and that I have not withheld any circumstances tending to render an insurance on my life more than usually hazardous. I do hereby agree that the foregoing statements and answers together with this declaration shall, along with the original application papers, be the basis of the contract between me and The Standard Life Assurance Company of Canada.

Signed at _____ this _____ day of _____, _____.

Witness

Signature of Life Insured