



Policy delivery receipt

Individual life policy

Policy Number: _____

Name of Life Insured: _____

Name of Policy Owner: _____

Broker's* Name: _____

Broker's Code: _____

Method of Delivery:

In person Date Delivered to Client _____

Registered Mail Date Mailed to Client _____

I acknowledge delivery of the contract for the above policy issued by The Standard Life Assurance Company of Canada.

Broker's signature: _____

Date: _____

Since the date of the original application on the life of the proposed insured(s) to the Company in connection with the above policy:

1. Has there been an indication of any change in the health of any insured under this policy since application No. _____ was signed? Yes No
2. Has any insured under this policy had any injury or consulted a physician or any other medical facility? Yes No

If the answer to any of the above questions is "Yes", please complete a Declaration of Continued Insurability form (XPS 311H-04-93), and return the contract to Standard Life for further instruction.

I acknowledge receipt of the contract for the above policy issued by The Standard Life Assurance Company of Canada.

Owner's Name: _____

Owner's Signature: _____

Date: _____

* Financial Security Advisor in Quebec