

Name of applicant: _____ Date: _____

1) Have you ever had, or been told you had, a fainting spell, seizure or convulsion? Yes No

If yes, describe symptoms: _____

2) When was the first episode? _____

3) When was the last? _____

4) How many have you had? _____

5) Was consciousness lost completely? Yes No

If yes, for how long: _____

6) Did you have any aura or warning of an attack? Yes No

If yes, explain: _____

7) Give names and addresses of doctors consulted, with dates:

8) What medication or other treatment was prescribed?

9) Are you currently taking medication or treatment?

10) Have you had: (a) Skull X-rays? Yes No

(b) E.E.G.'s? Yes No

(c) Other special tests Yes No

If yes, describe _____

What were the results (specify a, b or c) :

11) What is your understanding of the diagnosis and the cause of your illness? _____

I hereby declare that the above information is true and complete and shall form part of my application to
The Standard Life Assurance Company of Canada.

Date

Witness

Signature of insured