

Declaration of Health

Policy/Plan Number (if known)

IMPORTANT NOTE

We will use the information given on this form to assess the insurance risk. You must complete the form truthfully and to the best of your knowledge and belief. In answering the questions we require you to state all facts likely to influence our assessment of the risk. **FAILURE TO DO SO MAY RENDER THE CONTRACT VOID.** If you are not sure whether a particular fact is likely to influence our assessment of the risk you should state the fact.

HEALTH DETAILS

If the answer to any of the following questions is "Yes", please provide full details:

1. Have you had or been advised to have any form of attention at a hospital or medical clinic, either as an in-patient, day-patient or out-patient, during the last 3 years?
 No Yes
2. Have you tested positive for HIV/AIDS or Hepatitis B or C?
 No Yes
3. Has a proposal for life insurance on your life ever been refused by any insurance company?
 No Yes

DECLARATION

I declare that the statements made in, or in connection with, this Declaration of Health, whether in my handwriting or not, are true and complete to the best of my knowledge and belief. I understand that they shall be deemed to form part of the contract.

I understand that any:

- omission or misstatement of a material fact, or
- failure to inform Scottish Mutual International plc of any change of a material fact prior to risk being assumed by Scottish Mutual International plc, may result in the contract being declared void.

Date of Signature / /

Signature of Life Assured

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