FIDELITY LIFE ASSURANCE COMPANY LIMITED

HEALTH DECLARATION

Personal Statement by the Life Assured submitted in support of his/her **proposal** for Life Insurance

Proposal No._____ **on the life of** _____

Date proposal signed_____ (i.e. date on declaration page of proposal).

If you answer YES to any of the questions 2-11 please give full details in the space provided at the bottom of the page.

1. Are you now in good health and following usual employment: Yes ☐ No ☐
   If "NO" please provide details below.
2. Have you suffered from any illness or injury since the date of proposal? Yes ☐ No ☐
3. Have you consulted or been attended by any Doctor since the date of proposal? Yes ☐ No ☐
4. Have you been advised to have any tests, treatment or operation? Yes ☐ No ☐
5. Have any of your near relations suffered from any serious illness or died since the date of proposal? Yes ☐ No ☐
6. Have you changed your occupation or work duties since the date of proposal or do you intend to change your occupation or work duties? Yes ☐ No ☐
7. Have you made any proposal for an assurance on your life to any Company since the date of proposal? Yes ☐ No ☐
8. Have you taken up any hazardous, pastime or pursuit (including aviation, other than as a fare-paying passenger on a recognized airline)? Yes ☐ No ☐
9. Do you smoke tobacco products? If "YES" state quantity and date commenced. Yes ☐ No ☐
10. Has your income varied substantially since date of proposal? Yes ☐ No ☐
11. Have you or your spouse or living partner made a claim on any other disability policy or required full or part time care since date of proposal? Yes ☐ No ☐

Question No.	Date	Details – Full Description

DECLARATION

I declare that the statements made are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this proposal. I agree that this questionnaire will form part of my proposal for Life Insurance and that failure to disclose any material fact may invalidate the contract.

I agree to inform the company in writing of any change in my circumstances between the date of application and the issue of the policy contract. I understand that cover will not commence until the first premium has been received and the policy or acceptance letter has been issued.

Signature of Life to be assured:_____ Witness: _____

Date _____ Occupation:_____