

## AMENDMENT TO APPLICATION FOR INSURANCE

Application No ..... Policy No ..... Agency .....

I, ..... the undersigned, hereby request  
that my application dated ....., be amended as follows:

This is to certify that I am in as good health as when I signed the DECLARATIONS MADE TO THE MEDICAL EXAMINER OR AUTHORIZED COMPANY INSURANCE ADVISOR which constituted Part III of my application for insurance, and that since the date of such declaration there has been no change in my occupation or family record, nor have I had any illness or disease, nor have I consulted or been examined by any physician, and I have not applied for new insurance, change in plan, or reinstatement which was declined, postponed, withdrawn, or modified in kind, amount, or rate (except as noted above), and I understand that the issuance or delivery to me of any policy issued on said application and declaration is conditioned on the truth of the above statements.

With this application I have paid additional deposit EURO .....

### EXCEPTIONS

### FOR INTERNAL USE ONLY

Date.....

.....  
Insurance Advisor or other Witness

.....  
Signature of Proposed Insured

.....  
Insurance Advisor or other Witness

.....  
Signature of Applicant  
(in case the proposed Insured is under 18)

.....  
Insurance Advisor or other Witness

.....  
Signature of Policyowner