

Alteration of Response

Please PRINT clearly.

CLIENT IDENTIFICATION

Select specific form that Alteration of Response is required:

<input type="checkbox"/> Information Disclosure and Authorization	Signed on (dd/mm/yyyy)
<input type="checkbox"/> Application for Policy/Certificate	Signed on (dd/mm/yyyy)
<input type="checkbox"/> Other form _____	Signed on (dd/mm/yyyy)

Name of Insured
Case or Policy/Certificate Number

The Company is hereby requested by the undersigned, to accept the following answers in lieu to the corresponding questions on the Information Disclosure and Authorization or Application for Policy/Certificate, or other form indicated above as the case may be.

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By signing below, the Client represents that the answers and statements provided above are true, accurate, and complete. The Client acknowledges and understands that this information may be used by any insurance company to assess his or her insurability. This completed Alteration of Response shall form part of the said Information Disclosure and Authorization, Application, or other form indicated above as the case may be, and will be incorporated as part of the life insurance Policy or Certificate issued on the basis thereof. Any misrepresentation or failure to provide all relevant information may render the insurance coverage void.

The signatures must match the signatures provided on the form that is being altered.

NOTE: If the proposed insured is under age 18 then the signature of a parent or legal guardian is required in the space provided below.

Name	
Signature of Client X	Date (dd/mm/yyyy)
Signature of Parent/Legal Guardian (please circle which applies) X	Date (dd/mm/yyyy)

Name of Financial Representative	
Signature of Financial Representative X	Date (dd/mm/yyyy)