

CONSENT AND AUTHORISATION

I, the undersigned, hereby acknowledge that personal information obtained via the attached Information Disclosure and Authorisation, Confidential Medical Questionnaire and any ancillary forms/questionnaires may be used by **KENNEDYS CHUDLEIGH LTD.** as my representative, for the purpose of assessing my insurability for life insurance. The attached form does not constitute an offer of life insurance coverage, nor is it intended to be a solicitation on behalf of any life insurance company. My answers to the questions on this form and all forms submitted on my behalf will be used to assess my insurability, provide quotes relating to the cost of providing coverage, and for purposes of risk management and fulfilling the life insurance companies' accounting, auditing, legal and regulatory obligations, and I acknowledge that my answers are complete, correct and true to the best of my knowledge and belief. I have given all information which is relevant and which could influence a life insurance company's underwriting decision (if unsure whether a particular fact is relevant, it should be disclosed here in writing), and I understand failure to provide all relevant information in complete detail may result in benefits being contested by any company which provides me with life insurance coverage, and that if I misrepresented any of the information I provided and such information was relied upon to determine insurability of a policy, such policy may be voided. In addition to my answers to this form, information from other sources may be considered. This information may include results of a physical examination, information from my health care providers, existing databases, and additional questionnaires which I may be asked to complete and sign.

Also, by this form, I hereby authorise and appoint the above-named authorised representative, as my attorney in fact, pursuant to and in accordance with Bermuda Powers of Attorney Act 1944, and as my representative and agent to submit this form (or a copy) and to complete such other ancillary forms as may be required in connection with placing insurance coverage for up to, but not exceeding \$ _____ (USD) in sum assured, or \$ _____ (USD) of total premium. I confirm that the appointment of the above-named authorised representative is governed by the laws of Bermuda.

I understand and agree that any life insurance coverage requested based on the information contained herein will not become effective until and unless (a) the policy is issued during my lifetime; (b) the premium required by the life insurance company to incept the policy is received in good order by such company, and (c) the statements made in the attached Information Disclosure and Authorisation, the Confidential Medical Questionnaire and any ancillary forms/questionnaires remain complete and true as of the date the policy is delivered. If any changes occur in the facts contained in such materials, such as a change in my state of health, before the above-named authorised representative receives any written acceptance from any life insurance company or the initial payment is made, I must advise the above-named authorised representative who will notify the life insurance company in writing about the change. No premium or other consideration has been paid with this form, and no premium will be payable until and unless such coverage has been placed, as communicated in writing, to the financial representative or owner, by the life insurance company providing such coverage.

I understand that the life insurance applied for on my life may be arranged or effected with a life insurance company not authorised by any insurance authorities to conduct insurance business in my country of residence. I understand therefore that the issuing insurance company may not be subject to the laws of my country of residence or the supervision of any regulatory authorities in my country of residence. I understand that I may obtain further information from the authorised representative involved in arranging the insurance contract on matters such as: (a) country of incorporation of the life insurance company; (b) financial standing of the life insurance company and (c) which country's laws will determine disputes under any contract that may be issued.

I further understand, acknowledge and agree that my personal data, including sensitive personal data, may be processed and/or transferred abroad and considered and retained in other countries, notwithstanding that the laws of such countries may not offer a protection equivalent to the protection that currently may be afforded under my home or host country's applicable laws and regulations. I understand that the life insurance companies receiving the information provided in this form will ensure that a comparable standard of protection is afforded to personal data so transferred by imposing appropriate contractual obligations on the recipient.

I understand, agree and confirm that:

1. I am not a resident or citizen of the United States of America, or a resident of Bermuda or Singapore. I understand and agree that, if my tax status changes and I become a U.S. resident or citizen, I agree to notify the above-named authorised representative within 30 days.
2. The information provided via this form and all ancillary and supplementary forms (and together with the information I provide at the time of my medical examination, including any medical reports and tests) will form the basis for and become part of any life insurance issued as a result thereof.
3. No financial representative, broker, agent or medical examiner has the authority to make or modify any life insurance policy, to decide whether I am an acceptable risk or to waive any rights or requirements of any insurance company.
4. In accepting any policy that may be issued, I authorise the above-named authorised representative to accept any corrections and amendments made by the life insurance company. No change in plan, amount, benefits, age at issue or classification can be made without the authorised representative's written consent.
5. The above-named authorised representative is acting on my behalf and not as the soliciting agent for any life insurance company. No solicitation for life insurance has been made in my country of residence in connection herewith and all documents authorising insurance on my life were signed outside my country of residence.
6. Any life insurance company, bank or trust company may rely on the information contained herein as if this form was prepared directly for use by any of them. A copy shall be deemed to be the same as the original form by any such company.
7. I understand that any illustration which may be presented to me is intended only to demonstrate how life insurance may perform. Cash values, life insurance benefits and net annual outlays may be greater or less than those shown in the illustration, depending on future interest rates, future cost of insurance charges and the timing and amount of future premium payments and policy loans. I acknowledge that any illustration presented to me does not form any part of any certificate/policy of life insurance coverage which may be issued on my life.
8. The limited power of attorney granted to the above-named authorised representative in connection with the life insurance coverage described herein shall terminate automatically without any rights or duties surviving such termination upon acceptance of any policy issued pursuant hereto and thereupon shall no longer be of any force and effect.
9. To the extent required or permitted by laws or regulations applicable to the life insurance company or its corporate parent(s), subsidiaries, or affiliates, the policy and any person's interest therein may be reported to tax and regulatory authorities in Bermuda or other applicable jurisdictions.

CONSENT AND AUTHORISATION (Continued)

This authorisation and/or copies of it will be used for purposes of assessing all eligibility for life insurance coverage and for the administration of said life insurance coverage that may be issued by the life insurance company providing life insurance coverage on my life.

This authorisation and/or copies of it will be valid for a period of two (2) years from the date of signing.

By signing below, I authorise any person, business, bank, financial institution, or other institution or individual having any information relating to me to release such information, including copies of any records, to any life insurance company or its representatives. I agree that such life insurance companies or its representatives may verify through independent means, any information, including financial information, provided by me in this form.

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|--|---------------|---------|--------------------------------------|
| Full Name of Proposed Insured (As shown on ID Card/ Passport) | Given Name(s) | Surname | |
| Signature of Proposed Insured (or parent/guardian if proposed insured is a minor) | X | Date | <input type="text"/> (dd/mm/yyyy) |

To be completed if applying for a Genesis+ Indexed Universal Life and the proposed insured is a minor.

| Parent/Guardian Consent | | | |
|--|-----------------------------------|--------------------|--|
| I consent to a Genesis+ Indexed Universal Life policy being issued over the life of the minor. | | | |
| Name of Parent or Legal Guardian | | ID/Passport Number | |
| Relationship to the Proposed Insured | <input type="checkbox"/> Parent | Signature | |
| | <input type="checkbox"/> Guardian | Date | |

Note: Please provide documents showing proof of adoption or legal guardianship.