

Attorney-in-fact applicant consent and authorization

Signatures and authorizations

Applicant information:

- Individual
 Entity

Owner or trust participant name

Country of residence/incorporation

Registration number (if applicable)

Address (Street)

City Country Mailing code

Proposed life insured name (First) MI Last

Attorney-in-fact information: (select one)

- Kennedys Chudleigh Ltd.**
1 Church Street, Third Floor, Hamilton HM11, Bermuda
Note: Only applicable for the options below in markets where permitted.

I hereby authorize Kennedys Chudleigh Ltd. to apply for: (select one)

- Master Trust application
 Life insurance application individual ownership (where permitted)

Other attorney-in-fact

Attorney-in-fact name (First) MI Last

Financial institution name (if applicable)

Financial institution contact name (if applicable) (First) MI Last

I hereby acknowledge that the personal information obtained via this form and any ancillary forms may be used by the attorney-in-fact named above, as my representative and agent, as the basis for making an application for life insurance coverage on the proposed life insured. I understand that this 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.

Answers on this and other forms:

My answers to the questions on this form and any and all subsequent forms submitted by me or on my behalf relating to obtaining coverage on the proposed life insured will be used to assess their insurability, provide quotes relating to the cost of providing coverage, and for purposes of risk management and fulfilling the insurers' accounting, auditing, legal, and regulatory obligations. I declare that my answers on this form are complete and true to the best of my knowledge and belief. I have given all information that is relevant and that could influence a company's underwriting decision (if unsure whether a particular fact is relevant, it should be disclosed in writing), and I understand failure to provide all relevant information in complete detail may result in benefits being contested by any company that provides the proposed life insured with life insurance coverage.

Additional information may be considered:

In addition to the information provided in this form, information from other sources may be considered. This information may include results of a physical examination, information from the proposed life insured's health care providers, existing databases, and additional forms that I may be asked to complete and sign. If I misrepresent any of the information I provided, I understand that the Company may void any policy issued where such information was relied upon to determine insurability.

Personal data:

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 insurers 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.

Power of attorney:

Also, by this form, I hereby appoint the above-named attorney-in-fact to be the applicant's true and lawful attorney in accordance with the Bermuda Powers of Attorney Act 1944, with full power, authority, and legal right in the applicant's name and on the applicant's behalf to complete such forms as may be required in connection with placing of life insurance coverage in respect of the life, including but not limited to, completing an application to participate in a trust that may own the policy, for up to, but not exceeding, US\$ _____ in face benefits, or US\$ _____ initial premium, all, in such form, terms, and subject to any conditions, as the attorney in its absolute discretion may decide.

I understand and agree that any life insurance coverage provided based on the information contained herein commences, if and only when, the policy is issued and the annual premium is received by the life insurance company. No premium or other consideration has been paid with this authorization, 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.

Insurer:

I understand and agree that the life insurance applied for on my life will be arranged or effected with an insurer authorized in other jurisdictions but not authorized by any insurance authorities to conduct insurance business in my country of residence. As such, the issuing insurance company is not subject to the laws of that country, nor is it subject to any system of supervision of authorized insurers in that country. I understand that I may obtain further information from the attorney-in-fact involved in arranging the insurance contract on matters such as: (a) country of incorporation of the insurer, (b) financial standing of the insurer, and (c) which country's laws will determine disputes under any contract that may be issued.

Confirmation and indemnity:

The applicant hereby undertakes to ratify and confirm whatever the attorney shall lawfully do, purport to do, or cause to be done by virtue of this power of attorney and to indemnify and hold harmless the attorney and their successors against all actions, demands, proceedings, claims, costs, expenses, obligations, liabilities, and losses of any description arising from the exercise or the purported exercise in good faith of any of the powers hereby granted to them under this power of attorney.

Representations by the applicant: (entity applications only)

The applicant represents to the attorney and confirms the following:

- It has the corporate power to enter into this power of attorney and to appoint the attorney as its attorney in respect of the application.
- All necessary corporate and other approvals, consents, and authorizations (including of the board of directors or equivalent governing body of the applicant) in respect of this power of attorney have been obtain and are in full force and effect (authorized signatory list required).
- This power of attorney is valid and binding on the applicant under the laws of the jurisdiction and any other applicable laws binding on the applicant.

Duration of power:

- The limited power of attorney shall be granted to the attorney-in-fact in connection with the life insurance described herein shall terminate automatically without any rights or duties surviving such termination upon the earlier of the following events: (i) the issuance of the policy issued pursuant hereto; or (ii) one year from the date of the owner's signature on this form.
- The limited power of attorney shall be conclusive and binding on the applicant.

No person or corporation having dealings with the attorney under this power of attorney shall have any obligation to make any enquiries as to whether or not this power of attorney has been revoked. All acts under this power of attorney shall be valid and binding on the applicant until express notice of its revocation is received by such before mentioned person or body corporate.

Governing law:

This power of attorney and any dispute or claim arising out of, or in connection with, it, its subject matter, or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of Bermuda. The parties irrevocably agree that the courts of Bermuda shall have exclusive jurisdiction to settle any dispute or claim arising out of, or in connection with, this power of attorney, its subject matter, or formation (including non-contractual disputes or claims).

Signatures and authorizations (continued)

By signing below, I understand and agree that:

- No attorney-in-fact, financial representative, broker, agent, or medical examiner has the authority to make or modify any life insurance policy that may be issued on my life, to decide whether I am an acceptable risk, or to waive any rights or requirements of any insurance company.
- My attorney-in-fact is acting on my behalf and not as the soliciting agent for any life insurance company, and no solicitation for life insurance has been made in my country of residence in connection herewith.
- 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 photocopy shall be as valid as the original.
- The limited power of attorney granted to the attorney-in-fact in connection with the life insurance described herein shall terminate automatically without any rights or duties surviving such termination upon the earlier of the following events: (i) the issuance of the policy issued pursuant hereto; or (ii) one year from the date of the owner's signature on this form.
- Any policy issued will be underwritten, issued in, and governed by the laws of Bermuda and that the policy has not been filed in any state of the United States and may not be offered, sold, transferred, or delivered, directly or indirectly, to U.S. persons (as defined by U.S. federal income tax purposes as including any person who is a U.S. citizen, U.S. permanent resident, or person who is physically present in the U.S. for 183 days in one calendar year or 120 days in each of 3 calendar years), citizens and residents of Bermuda, or residents of Canada.

I hereby represent to any life insurance company who is provided this form that the information provided is complete, correct, and true to the best of my knowledge and belief and, together with all ancillary forms (and information provided by any medical examination) shall form the basis for life insurance and that all such documents shall be incorporated as part of any policy issued that provides life insurance coverage on the proposed life insured. By signing below, I authorize any person, business, bank, financial institution (including the financial institution named below), or other institution or individual having any information relating to us to release such information, including copies of any records, to the Company or its representatives. I agree that the Company or its representatives may verify through independent means, any information, including financial information, provided by me in this form. A photocopy or facsimile of this authorization will be as valid as the original. Information collected under this authorization will be used by the Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes. I am entitled, or my attorney-in-fact is entitled, to a copy of this authorization.

SIGN HERE _____
Signature of proposed life insured Date (mm/dd/yyyy)

Print name (First) MI Last

SIGN HERE _____
Signature of attorney-in-fact Date (mm/dd/yyyy)

Print name (First) MI Last

SIGN HERE _____
Signature of trust participant (if different from insured) Date (mm/dd/yyyy)

Print name (First) MI Last

SIGN HERE _____
Signature of contingent trust participant (if applicable, and if different from insured) Date (mm/dd/yyyy)

Print name (First) MI Last

SIGN HERE _____
Signature of owner (if different from insured) Date (mm/dd/yyyy)

Print name (First) MI Last

Note: Stamp duty of US\$27 was hereunto affixed pursuant to Head 36 of the Schedule to the Stamp Duties Act 1976.