

THE LAFAYETTE LIFE INSURANCE COMPANY

LAFAYETTE, INDIANA

STATEMENT OF GOOD HEALTH AND INSURABILITY

COMPLETED AS A CONDITION TO THE DELIVERY OR CHANGE OF

POLICY NO.

ON THE LIFE OF

AND ANY OTHER PERSON(S) PROPOSED FOR INSURANCE

Since the date of the original application the Proposed Insured and any other persons proposed for insurance:

- (1) have continued in good health,
- (2) have not made an application for insurance with another company which has been declined, postponed or modified,
- (3) have no other application for insurance pending in any other company at the same time,
- (4) have not consulted or been examined by a physician or other medical practitioner and
- (5) insurability as a life insurance risk has not been changed by any event or circumstances.

If there are any exceptions to any of the above statements, give full details in the space provided.
EXCEPTIONS:

The Proposed Insured (and the Applicant if other than the Proposed Insured) represent that the foregoing statements are true and complete and that all exceptions have been stated.

Dated _____

Proposed Insured _____
(Age 15 and over)

Witness _____

Spouse (if SIR) or Payor (if Payor Benefit)

Signature of Parent (Juvenile Policy)

TO BE SIGNED, DATED, WITNESSED AND RETURNED TO THE COMPANY