



Assurance Services Limited

Your life is our business.

DECLARATION OF CONTINUED INSURABILITY

Life Assured Certificate No.
(Full Name)

Address
(Including postal code)

1. Are you currently receiving or are you waiting to receive any medical advice or treatment?

Yes

No

If Yes, give full details

2. Have you consulted a doctor since the original Proposal?

Yes

No

If Yes, give name and address of doctor, date, reason and treatment prescribed.

3. Has there been any change to your occupation, pastimes or country of residence since the original Proposal?

Yes

No

If Yes, give full details

I declare that to the best of my knowledge and belief the above statements are true and complete, and that there have been no other changes in my Health or Other Circumstances since the Original Proposal for this Assurance. I understand that under the Access to Medical Reports Act 1988 I can withhold my consent to the Company applying for a report and that I have the right to see any such report before it is sent to the Company. On the understanding that the Company will inform me in writing of my full statutory rights under the Act if and when they apply for a report, I hereby consent to the Company being provided with medical information from any doctor who has at any time attended me concerning anything which affects my physical or mental health and I agree that a copy of this consent shall have the validity of the original.

I do not * wish to see the report before it is sent to the Company.
(*Delete as appropriate)

Date Signature of Life Assured