

<input type="text"/>	<input type="text"/>
Proposed insured's last name	Proposed insured's first name
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Year      Month      Day	Application or Contract No.

I certify that no change in the insurable risk, including my state of health, my family medical history, my occupation or my insurability has occurred since the last declarations of insurability were signed.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ .



\_\_\_\_\_  
Proposed insured's signature or his or her legal guardian's signature, if the insured is under age 18 in Quebec or under age 16 outside Quebec