

## CONFIRMATION OF INSURABLE RISK

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Application or Contract No.: \_\_\_\_\_  
Year Month Day

I certify that no change in the insurable risk, including state of health, family medical history, occupation or insurability has occurred since the application for life insurance was signed.

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

\_\_\_\_\_  
Signature of insured  
or legal representative if a minor

\_\_\_\_\_  
Witness