

IA AMERICAN LIFE INSURANCE COMPANY
Waco, Texas

Attached to and made a part of Policy # _____

STATEMENT OF HEALTH AND REAFFIRMATION OF APPLICATION

I hereby represent and state to the IA American Life Insurance Company that, since the application for the attached policy, there has been no change in my customary occupation, that no application for insurance or for the reinstatement of insurance on my life or upon the life of any person included in the application has been made without the unqualified issuing or reinstating of such insurance and that no other application for insurance on my life is now pending.

I further represent and state that I am now in good health, free from all disease, deformities and /or ailments, and of temperate habits; that since the date of the above mentioned application I have had no injuries, ailment, or illnesses, and have not been sick from any cause. Since the date of said application I have not consulted, or been prescribed for or attended by a physician or practitioner for any cause, that since the date of said application I have not been a patient of any hospital or institution.

(If there are any exceptions to the above statements, write same out here fully)

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I hereby represent that each of the foregoing statements is true and correct and I have fully stated all exceptions to each of the above statements.

Dated _____ this _____ day of _____ 20 _____.

Witness

Signature of Applicant

*AGENT - If answered other than "no exceptions" do not deliver policy but return it to Underwriting Department for re-evaluation. BOTH COPIES (ONE IN POLICY) MUST BE SIGNED, DATED, WITNESSED AND LOOSE COPY RETURNED TO COMPANY.