

Declaration

I declare that the answers made on this Future Life Event Changes form are true and complete and shall be relied upon by the insurer in deciding whether to accept the increase. I have not made any false or misleading statements.

If the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

I understand:

- the information requested is required to enable the insurer to assess my entitlement for the Future Life Event Changes under my policy;
- that if I do not give the information requested in this form, my increase may not be accepted;
- that in the event of a claim being made, further evidence of my lifestyle event may be required;
- that the increase will not become effective until my application is accepted by the insurer in writing.

Your signature

Date

Print full name