



BPI



ADDENDUM TO APPLICATION FOR POLICY

LIFE ASSURANCE CORPORATION

Name of Applicant:	Policy No.:
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Question Number	Details of Answer to Questions



LIFE ASSURANCE CORPORATION

I declare that the above statements are true and complete. I also certify that there has been no change in my condition of health. That I have received no medical attention, consultation or examination, since the date of completion of said application dated ___ / ___ / ___. Further, all my answers as written in said application, including those relating to my occupation, are still true.

Signed at _____ this _____ day of _____, _____

Name of Proposed Insured

Name of Proposed Owner

Witnessed by: _____
Name of Bancassurance Sales Executive
Code No.: _____