ADDITIONAL FORM TO BE COMPLETED BY PROPOSERS UNDER DOUBLE COVER JOINT LIFE POLICY.

PROPOSAL No. _____

AGENTS NAME: _____

AGENT'S CODE: _____

We, undersigned, who desire to effect a Policy under the Double Cover joint life Plan of the Company for the sum of US $ _____hereby jointly and severally confirm the statement made in our respective Proposals for Assurance dated _____
And _____and the replies to the questions in our respective Personal Statements given before the Medical Examiners on _____and _____ respectively, and we hereby jointly and severally declare that all such statement and replies are true and accept joint responsibility in respect thereof.

We further hereby jointly and severally declare that the said several statements and answer in the said documents shall be the basis of the contract of assurance between us and the Life Insurance Corporation (International) E. C. and that if any untrue averment be contained there in the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Company.

Dated at _____ this_____ day of _____ 200 .

1. _____

2. _____

(Signatures of the Proposers)

Signature of

Witness   : _____

Name   : _____

Address   : _____

_____

_____

FORM OF NOMINATION UNDER
DOUBLE COVER JOINT LIFE PLAN

We_____ the

lives assured under the within policy, hereby nominate our (relationship) _____

named _____ aged _____ years

and whose address is _____

as the person to whom the moneys secured by the within policy shall be paid in the event of Death of both of us either simultaneously or one after the other at any time before the date of maturity under the within policy.

Dated at _____ on the _____ day of _____ 200   .

1. _____

2. _____

(Signatures of the lives assured)

Signature of

Witness   : _____

Name   : _____

Address   : _____

_____

_____

Note: If the Beneficiary is Minor, please give details of an appointee who will receive the amounts on behalf of the minor.

Name: _____ Age: _____

Relationship to Nominee: _____

1. _____

2. _____

(Signatures of the lives assured)