



Looking After Life
A Member of the Guardian Holdings Group

GROUP DEPARTMENT

Group Mortgage Protection Plan
Proposal and Declaration (Short Form)

Proposer:

Name:

Address:

Place of Birth:

Sex:Date of Birth: Day.....Month.....Year.....

Height (cm):Weight (kg):

Marital Status: Single[] Married[] Divorced[] Widowed[] Other[]

Occupation (Brief description):

Original Balance of Mortgage Loan:Term of Mortgage Loan:

MEDICAL QUESTIONNAIRE

The following is to be completed by the insured. If the answer to any item(s) in any of the questions is "YES", please explain below.

1. (a) Have you ever had, or have you ever been treated for, or told you had heart or blood vessel disease, hepatitis, chronic diarrhoea, high blood pressure, brain, kidney, liver, spleen or lung disease, cancer, diabetes, stroke, leukaemia or other disease of the blood tumour, digestive disorder, ulcer, alcoholism, drug abuse, venereal disease, enlarged lymph nodes, recent unintentional weight loss or any other serious disorder? YES[] NO[]

1. (b) Have you had or has any doctor advised you to have any Electrocardiogram, X-Ray, or other special investigation? YES[] NO[]

DETAILS: (Include name and address of attending physician(s) along with dates and reasons for consultation; name of company, where necessary.)

2. (a) Do you belong to any of the following Aquired Immune Deficiency Syndrome (AIDS) high risk group?
● Homosexual Men? ● Bi-Sexual Men? ● Intravenous Drug Users? ● Haemophiliacs or other blood products? YES[] NO[]

2. (b) Has a member of the medical profession ever diagnosed you as having AIDS or an AIDS related complex, treated you for it; or have you ever been tested positive for the AIDS virus? YES[] NO[]

3. Except for the common cold, have you consulted a physician, been hospitalized or had surgery in the last five years. YES[] NO[]

4. Do you engage in or intend to engage in any occupation or pastime with risks, special dangers or conditions which may be considered hazardous? (e.g. Private Flying, Scuba Diving, Parachuting, Sky Diving, Hang Gliding, Motor Racing, Professional Boxing or Wrestling, handling of explosives.) YES NO

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5. (a) Have you ever failed to complete any medical test required in response to an application for insurance on your life?
YES NO

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5. (b) Have you ever had a Life Insurance application declined or postponed, modified or accepted on special terms?
YES NO

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Declaration

I hereby apply for insurance under and subject to the terms of the Group Mortgage Protection Policy (“the Policy”) issued by the Company to the St. Vincent Building & Loan Association (“the Policyowner”) to whom I have applied for the above mentioned loan to be secured by a mortgage over real estate (“the Mortgage Loan”) against the contingency of my death for an amount equal to the principal due to the Policyowner under the Mortgage Loan at the time of death to be applied by the Policyowner toward such indebtedness and of which payment by the Company to the Policyowner shall completely discharge the Company’s liability with respect to the amount so paid.

*I hereby declare that the answers to the above questions are true and correct:
I hereby consent to the Company (whether before or after my death) seeking medical information from any doctor who has at any time attended me; making inquiries of or from any office to which I have at any time made an application for life insurance; and obtaining information from any source deemed necessary for its consideration of this application and I hereby authorize the giving of any such information and for such purpose a Photostat of this authorization shall be as valid as the original.*

And I hereby agree and confirm that this Proposal and Declaration together with my answers to the questions put to me by the medical examiner (if a medical examination is required for consideration of this application) shall when signed by me shall be the basis on which insurance is effected on my life pursuant to the Policy and that if any fraudulent or untrue statement be contained therein, or any of them, the insurance on my life pursuant the Policy shall be void and all benefits and sums of money payable under such Policy in respect thereof shall be forfeited to the Company.

I further agree that the liability of the Company shall begin only on its official acceptance in writing of this Proposal, and payment of the first premium, provided that my health remains meanwhile unaffected.

Date

Signature

Witness