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Policyholder Premium Exception Request

Policyowner's Statement of Net Worth

(Excluding Primary Residence) \$_____.

Policyowner's Medical Information

Medical Information – If any answer in this section is “Yes”, do not submit an application for that person.

- a) Has proposed Insured been diagnosed as being terminally ill? _____ Yes _____ No
- b) Is Proposed Insured currently bedridden at home, or confined to a hospital, nursing home, or medical facility, or been diagnosed as having Alzheimer's disease? _____ Yes _____ No
- c) In the past 7 years has Proposed Insured been diagnosed by a medical professional as having HIV virus, AIDS, AIDS related complex (ARC)? _____ Yes _____ No
- d) In the past 12 months has Proposed Insured had or been treated for internal cancer, malignant melanoma leukemia or Hodgkins disease? _____ Yes _____ No
- e) In the past 24 months has Proposed Insured had:
 - i) Heart surgery, heart attack, stroke, aneurysm, angina or kidney disease. _____ Yes _____ No
 - ii) Treatment for alcoholism, drug addiction, schizophrenia or transient ischemic attack? _____ Yes _____ No

Annuitant's Medical Information (If different than Owner.)

Medical Information – If any answer in this section is “Yes”, do not submit an application for that person.

- a) Has proposed Insured been diagnosed as being terminally ill? _____ Yes _____ No
- b) Is Proposed Insured currently bedridden at home, or confined to a hospital, nursing home, or medical facility, or been diagnosed as having Alzheimer's disease? _____ Yes _____ No
- c) In the past 7 years has Proposed Insured been diagnosed by a medical professional as having HIV virus, AIDS, AIDS related complex (ARC)? _____ Yes _____ No
- d) In the past 12 months has Proposed Insured had or been treated for internal cancer, malignant melanoma leukemia or Hodgkins disease? _____ Yes _____ No
- e) In the past 24 months has Proposed Insured had:
 - i) Heart surgery, heart attack, stroke, aneurysm, angina or kidney disease. _____ Yes _____ No
 - ii) Treatment for alcoholism, drug addiction, schizophrenia or transient ischemic attack? _____ Yes _____ No

 Owner's Signature

 Date

 Annuitant's Signature
 (If different than owner.)

 Date