Continuation of Life Insurance Application Part II

Proposed Insured Name (*First, Middle Initial, Last)*	Date of Birth *(MM/DD/YYYY)*

Continued: *(List details from questions of Life Insurance Application Part II; please include question number details pertain to.)*

I hereby declare that the statements and answers above are complete and true to the best of my knowledge and belief.
I agree that a copy of this shall be attached to and form a part of any policy issued.

Signature of Proposed Insured

Witness (Examiner/Licensed Representative

Dated at *(City and State)*

Date