

Declaration

I, the life to be assured:

- i.** declare that the answers to the questions in this Supplementary Personal Statement are true and complete to the best of my knowledge;
- ii.** understand the information provided in this Supplementary Personal Statement, together with any other statements made in connection with this application for life insurance, will be used by Cigna to decide whether or not to provide life insurance cover to the policy owner in respect of my life;
- iii.** have reviewed my original Application and declare that, apart from the information included in this Supplementary Personal Statement, there are no changes to any of the answers provided in that Application (which includes any accompanying forms or related documentation) that was previously submitted to Cigna;
- iv.** re-affirm all declarations, consents and acknowledgments that I made on my original Application in relation to the information provided in this Supplementary Personal Statement, on my original Application and in relation to any other statements in connection with this application for life insurance.

Name of Life Assured

Signature

Date

DD / MM / YYYY

Your duty of disclosure continues until the contract of life insurance has been accepted by Cigna and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application Form and Personal Statement are disclosed in full.