



North American Company
 for Life and Health Insurance
 Principal Office: 4601 Westown Pkwy, Suite 300
 West Des Moines, IA 50266
 A Member of the Sammons Financial Group



L2875191

SUPPLEMENTAL APPLICATION

Name of Proposed Insured: _____ Policy Number(s): _____

Please complete this Supplemental Application as a condition to the Delivery or change of the policy(ies) referenced above. **If the answer to any question is checked "yes", please explain in the "Details" section below.** Pertinent dates, severity, treatment, duration, outcome; names, addresses of physicians, hospitals or clinics should also be included, along with any "Exceptions" to any of the statements below.

- | Since the date of the original application(s), have you, (the Insured): | YES | NO |
|---|--------------------------|--------------------------|
| 1. Consulted or been treated by any physician or practitioner or had any physical disability or impairment, disorder of the lungs or respiratory system; heart or blood vessels; brain or nervous system; urinary system or male/female reproductive organs; liver; gallbladder; pancreas; rectum; stomach or intestines; severe injuries to the spine, bones, joints or muscles; surgery or mental disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Had a physical examination, lab tests, EKG or X-ray procedures; | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Used tobacco in any form; (If Yes, give form used, number per day and length of time used in "Details".) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Made an application(s) for insurance which has been declined, postponed, or modified; | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other application(s) for insurance pending with another company(ies) at the present time; | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Changed occupation (if yes, give all occupations-employers; types of industry and duties.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Engaged in or expect to engage in any of the following: aviation activities as a pilot or crew member; aqualung or skin diving; automobile, motorcycle or motor boat racing; mountain climbing; rodeo competition; sky-diving; hang gliding, parachuting; or cave exploration? | <input type="checkbox"/> | <input type="checkbox"/> |

DETAILS:

I acknowledge that I have read the above completed Supplemental Application or that it has been read to me. I understand that any false statement or representation in the original and/or Supplemental Application may result in loss of coverage under the policy/certificate. I agree that the answers given above will become a part of the original application, including any supplement to the application. So far as I know and believe, the original application, as changed above, is true, complete and up-to-date to the best of my knowledge.

 Signature of Proposed Insured

 Signature of Proposed Owner*

 Date

*If signing on behalf of a corporation, trust, or other entity, print your title next to your signature.