



APPLICATION FOR REVIVAL of the NEW LIFE PLAN CS 026

AGENT: _____ AGENT NO: _____

BRANCH: _____

³ Name of Life Insured:		² TRN (Life Insured):		Client Number:	
Name of Insured Person (if other than Life Insured):		TRN (Insured Person, if other than Life Insured):		Date of Birth:	Age:
E-mail Address (Life Insured):	Tel. No. (W):		Sum Assured:		
		(H):			
		(Cell):			
Mailing Address (for this policy):					
Country of Birth:		Country of Citizenship:		Nationality:	

APPLICATION FOR REVIVAL OF¹POLICY NO. _____

I hereby request that the captioned policy be revived in accordance with the Company's normal procedure.
I understand that the policy shall not be in full force unless and until the Company has consented in writing to grant revival, and I agree to accept the return of any payments made to the Company in connection with this application, should the Company decline to revive the policy.

I acknowledge that the policy lapsed due to non-payment of premiums as required by the original contract and the risk on the Life Insured ceased.

For the purpose of revival, I enclose the following:

- Cost to Revive \$ _____
- Service Charge \$ _____
- New Salary Deduction Authority (If applicable)
- New Pre-authorized Payment Advice (If applicable)

QUESTIONS:

Have you ever been diagnosed with any form of Cancer, or been told that a condition you have or had may be cancerous? Yes No

Have you ever been diagnosed as being HIV positive? Yes No

Have you ever been treated for, or told you had AIDS (Acquired Immune Deficiency Syndrome), ARC (Aids Related Complex) or any other immunological disorders? Yes No

(If yes to any of the above questions, you are not eligible for this Cancer Plan)

DECLARATION:

I hereby declare that to the best of my knowledge, the answers given and the statements made are complete, full and true and I understand that failure to disclose any important material information deliberately or otherwise will make this contract invalid and no benefits will be paid.

I understand that no claim can be made under this Policy for Cancer diagnosed before the policy has been in force ninety (90) days from the date of revival.

Signed at _____ this _____ day of _____, _____
Place Day Month Year

.....
Name & Signature of Witness

.....
Signature of Life Insured

.....
Name & Signature of Witness

.....
Signature of Insured Person (If other than Life Insured)

¹Policy No. _____

²Life Insured's TRN _____

³Name of Life Insured _____

POLICYHOLDER DATA:

Are you a permanent resident, citizen or national of another country? Yes No If yes, please state: _____

Are you a US citizen, resident or green card holder? Yes No

Taxpayer Identification Number (TIN) (if applicable): _____

Where do you pay taxes? _____ Do you pay taxes in any other jurisdiction? Yes No

If yes, please state: _____

Have you recently changed your residential or mailing address? Yes No

If yes, please state new address _____

(Please attach proof of address)

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CERTIFICATION

I certify that I the undersigned am **NOT** a citizen, national, resident, or green card holder of the United States. I further agree to advise Guardian Life Limited as soon as I become aware of any changes that would render this declaration invalid.

I certify that I the undersigned **am** a citizen, national, resident or green card holder of the United States. I further confirm that the Taxpayer Identification Number (TIN) provided above is correct (or I am awaiting a number to be issued to me).

.....
Signature of US / Non-US Customer

.....
Date

POLITICALLY EXPOSED PERSONS (PEP)/PUBLIC FIGURES:

Do you, any immediate family or close associates, currently serve or previously served in the capacity of an official/senior official in the administrative, legislative or executive division of the government, military or judiciary of your country of residence or in any other foreign country government? Yes No

Do you, any immediate family or close associates, currently serve or previously served in the capacity of assistant commissioner or higher of the police force or as a senior executive of a state owned company of your country of residence or a foreign government? Yes No

If you have ticked "Yes" to any of the above, please state the capacity? _____

AUTHORIZATION, DECLARATION AND CONSENT:

I understand that the information provided in this form will enable Guardian Life Limited to manage operations and risks and allow for the enhancement of customer experience. I further comprehend that the information provided may be used to appease information requests of the regulators or in order to satisfy legal or regulatory requirements. I confirm that the information provided is true and correct and can be relied upon by Guardian Life and hereby grant permission for the usage of the information for the purposes herein stated or as may be required from an operational standpoint.

.....
Signature of Life Insured

.....
Signature of Insured Person (If other than Life Insured)

.....
Date

.....
Date