



Transamerica Life (Bermuda) Ltd.
Singapore Branch Office
1 Finlayson Green
#13-00
Singapore 049246
Co. Reg. No. T05FC6768E

Application Amendment

Life Insured:

The Application for Policy No.

is amended as follows:

I represent, to the best of my knowledge and belief, that since the date of the Application for the policy no person to be covered by the policy has, except as stated below,

1. Had a change in health due to injury or sickness; or
2. Consulted, been examined or been treated by any physician or practitioner; or
3. Changed occupation, aviation or military status; or
4. Had any life or accident and sickness, or medical service benefits declined, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits; or
5. Applied for issuance or reinstatement of any insurance providing income during disability or providing hospital or medical expense benefits.

The only exceptions are: (State "none" if there are no exceptions) _____

I declare that I have, in an identical manner, completed and signed this Amendment that is attached to and made part of the policy issued by the Company.

It is agreed that this Amendment shall be part of the Application for the policy.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

Signature of Proposed Insured (or parent or
guardian if Proposed Insured is a minor)

Witness to Signature of Proposed Insured

Signature of Proposed Owner (if other than Proposed Insured)

Witness to Signature of Proposed Owner

