PACIFIC CROSS

TERM LIFE INSURANCE APPLICATION

To apply, please fill in the following information, and return to the 3rd party administrator of Pacific Cross Insurance Co., Ltd.: International Administrators Limited at 11/F, O.T.B. Building, 160 Gloucester Road, Wanchai, Hong Kong or forward the scanned copy by email to: inquiry@pacificcross.com

NAME OF POLICYHOLDER/INSURED PERSON: _____

ADDRESS: _____

TEL NO.: _____ E-MAIL: _____

SEX: _____ DATE OF BIRTH (MM/DD/YY): _____

HEIGHT & WEIGHT: _____ cm _____kg

PASSPORT/GOVERNMENT I.D. NO.: _____ COUNTRY OF ISSUE: _____

OCCUPATION AND DUTIES: _____ ANNUAL INCOME: US$ _____

SUM INSURED: ☐ US$ 50,000 ☐ US$ 100,000 ☐ US$ 150,000 ☐ US$ 200,000 ☐ US$ 250,000 ☐ US$ 300,000 ☐ US$ 500,000 ☐ US$ 1,000,000

TERM: ☐ 5 YEARS ☐ 10 YEARS ☐ 15 YEARS ☐ 20 YEARS

☐ NON-SMOKER

☐ SMOKER: IF YES, HOW MANY PER DAY? _____ CIGARETTES

BENEFICIARY: _____ RELATIONSHIP TO INSURED PERSON: _____

• MEDICAL QUESTIONS •

1. Do you have any other Life Assurance? If so, please state name of insurance company and amount of Sum Insured.

2. Have you ever been declined, deferred, or accepted only on special terms for Life or Accident Insurance, or has any company cancelled or declined to renew your policy, or imposed special terms?

3. Do you take or need to take any medicines on a regular daily basis or have you in the last 5 years taken or been required to take any medicine for more than 10 days consecutively for any reason?

4. Do you have any physical defect or infirmity of any kind, or any serious defect of sight or hearing or any chronic ailment?

5. Have you in the last 5 years been admitted to a hospital for more than 5 days consecutively or been admitted on two or more occasions within a one-year period for any number of days for the same or a connected cause?

6. Have you in the last 3 months had any medical consultation, taken any medical tests, taken any prescribed medical treatment or been advised to have such consultation, tests or treatment for any reason or been considering having any medical consultation or tests for any reason?

I hereby apply for a policy to be based on the above statements and declare that, to the best of my/our knowledge and belief, all answers to the foregoing questions are correctly and accurately recorded, and that they are full, complete and true. I/WE declare that the Insured Person is in good health; that there are no circumstances connected with the stated occupation(s), activities or pursuits which render me/us particularly liable to injury; have temperate habits; am/are not contemplating any hazardous undertaking and that I have not concealed any circumstance(s) that ought to be known to the insurers. I agree that this application and declaration shall be the sole basis of the Policy between the Policyholder and PACIFIC CROSS INSURANCE COMPANY LIMITED.

Signature: _____ Date: _____

Broker: Norbert Fuss