DISABILITY or CRITICAL ILLNESS or LONG-TERM CARE INSURANCE *in lieu of completing this page, provide the most recent statement or summary of each policy currenlty in force*

type of policy _____ _____ _____ _____ _____ _____

carrier _____ _____ _____ _____ _____ _____
policy # _____ _____ _____ _____ _____ _____
insured _____ _____ _____ _____ _____ _____

issue date _____ _____ _____ _____ _____ _____
term / expiry _____ _____ _____ _____ _____ _____

premium $$ _____ _____ _____ _____ _____ _____
frequency _____ _____ _____ _____ _____ _____
term payable _____ _____ _____ _____ _____ _____
paid by _____ _____ _____ _____ _____ _____

benefit $$ _____ _____ _____ _____ _____ _____
frequency _____ _____ _____ _____ _____ _____
waiting period _____ _____ _____ _____ _____ _____
benefit period _____ _____ _____ _____ _____ _____

refund - expiry % _____ _____ _____ _____ _____ _____
refund - death % _____ _____ _____ _____ _____ _____