

COMPANION LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

888 VETERANS MEMORIAL HIGHWAY, SUITE 515, HAUPPAUGE, NY 11788



ACKNOWLEDGEMENT FORM

Name of Proposed Insured: Age Sex	Name of Applicant (if other than Proposed Insured):
Address of Proposed Insured:	Address of Applicant (if other than Proposed Insured):
City: State: ZIP:	City: State: ZIP:

I, the Producer, hereby certify that (check only one):

- no illustration was used in the sale of the life insurance policy applied for:
OR
- the life insurance policy applied for is other than as shown in the policy illustration.

Signature of Producer

Date

I, the applicant/owner, acknowledge that (check only one):

- no policy illustration was provided to me and I understand that a policy illustration conforming to the policy as issued will be provided no later than the time the policy is delivered.
- the policy applied for is different than the policy illustration shown to me, and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered.

This form will not attach to or become part of the policy.

Signature of Proposed Insured or Parent/Guardian if under age 14 ½

Date

Signature of Proposed Applicant/Owner
(if other than Proposed Insured)

Date

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