



**Insular
Life**

The Insular Life Assurance Company, Ltd.
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Signature Affirmation Form

Date: _____

RE: Policy No. _____

I, the undersigned _____ hereby certify that the following
(NAME IN PRINT)

are all my true and authentic signatures and that I use them interchangeably in signing documents, sometimes using one signature on one occasion and then another on another occasion, depending on which signatures appeals to me at the time.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Signature over Printed Name of Policyholder

Witnessed by: _____
(Signature over Printed Name)

Relationship: _____