



Bankers Life Insurance Company
11101 Roosevelt Blvd N, Ste. 301, St. Petersburg, FL 33716
P.O. Box 42020, St. Petersburg, FL 33742
Phone (800) 839-2731 Fax (800) 946-3306

COMPLETE IF CLIENT IS OVER 80 YEARS OLD

STATEMENT OF GOOD HEALTH
Supplement of the Application

I/We, _____ (Owner & Annuitant's names), hereby declare that, to the best of my/our knowledge and understanding, no Annuitant(s) insured under this policy:

- a) Is currently hospitalized, confined to a bed or nursing facility, hospice or on the waiting list for a hospital or nursing facility; or has been advised of the need for an organ or tissue transplant or dialysis, or
- b) Has tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection, or
- c) In the past 24 months has been diagnosed, received treatment, taken medication or been hospitalized for: Malignant tumor, cancer or melanoma (other than basal cell skin cancer), Crohn's Disease, chronic hepatitis or cirrhosis, kidney failure, alcoholism or drug abuse, or
- d) In the past 24 months has been diagnosed, received treatment, taken medication or been hospitalized for: Both diabetes mellitus and arteriosclerosis, diabetic shock/coma, blindness or gangrene, or
- e) In the past 24 months has been diagnosed, received treatment, taken medication or been hospitalized for: Alzheimer's Disease, dementia, Grand Mal seizures, Parkinson's Disease or Down's Syndrome, or
- f) In the past 24 months has been diagnosed, received treatment, taken medication or been hospitalized for: Congestive heart failure, chronic obstructive pulmonary disease (COPD), cystic fibrosis or emphysema, or
- g) In the past 24 months has had a: heart attack, angina, an aneurysm, heart valve surgery or angioplasty, a pacemaker implant, stroke or Transient Ischemic Attack (TIA)

Specify any exception below. If there is no exception, write "None", or in its absence leaving this blank will attest to your health not being subject to the conditions listed above.

I/ We agree that this supplement shall form a part of the original application and constitute a part of the issued policy. The annuity contract will not be effective until approved by the Administrative Office of Bankers Life Insurance Company, at St. Petersburg, Florida, USA.

Dated at _____
 (Location)

Date _____

 Agent's Signature

 Annuitant's Signature (if other than Owner)

 Owner's Signature