

DECLARATION

**To: Exclusive Healthcare SA, Bat A, La Tour Vadon, 15 Avenue Henri Vadon,
83700 St Raphael.**

I _____
(Name)
Of _____

(Address)

hereby declare that

Further to my/our proposal dated _____ I/We confirm that our health has not
changed in any way that would effect any material fact related to the underwriting
of my Exclusive Healthcare application.

[If there are any material facts that must be advised to the underwriter in
order to proceed with the application please note them below.]

Signed:

At

Date: