



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428
www.LGAmerica.com

Additional Details Supplement to Medical Exam Part III



Supplement to Medical Exam for life insurance on the life of _____
Print Name of Proposed Insured(s)

Question No.	Name of Proposed Insured	Details



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To the best of my knowledge and belief, the answers recorded herein are true and complete. It is agreed that this Supplement to Medical Exam, a copy of which shall be attached to the policy when issued, shall become a part of the policy.

(Please DO NOT use felt tip pen for signatures.)

Signed at _____ on _____
City State Zip Date (month/day/year)

X _____ X _____
Proposed Insured (or parent or legal guardian if Proposed Insured is a minor) Owner, if other than Proposed Insured

Agent Agent # _____