



***Use this form to satisfy sales illustration certification and acknowledgement requirements for products where an illustration is required in Massachusetts.***

3. Proposed Insured 2 full legal name (If applicable):

☐ The sales illustration for the Proposed Insured was shown to me on a computer screen. It conforms to the Policy as applied for, however, no hard copy was furnished. ***If selected, complete section C.***

Proposed Insured Information	Insured 1	Insured 2
Gender ( <i>Select one</i> ):	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Insurance age:		
Underwriting or risk class illustrated:		
Type of policy applied for:		
Initial death benefit:	\$	\$
Dividend option selected ( <i>If applicable</i> ):		

## Printed name: \_\_\_\_\_ Date: \_\_\_\_\_