

APPLICATION FOR CONVERSION TO NON-SMOKERS' RATE

Policy Number

Name of Assured

Name of Life Assured

I/We, the Assured(s) of the above-mentioned policy, hereby apply to convert the policy from Smokers' rate to Non-smokers' rate with effect from next policy anniversary date following receipt of this application by Prudential.

I/We declare that the Life Assured has not smoked cigarettes in the last twelve months and I/We confirm that the Life Assured has no intention of smoking cigarettes in the future.

The above statement is complete and true to the best of my/our knowledge and belief; otherwise the policy issued may be void.

I/We hereby agree that this declaration shall be the basis of the revised contract.

Signature of Assured(s)/Assignees/Trustees

Date

