

**BEST MERIDIAN INTERNATIONAL INSURANCE COMPANY SPC**

**GUARANTEED ISSUE FORM**

**INCREMENTS OF FACE AMOUNT WITHOUT EVIDENCE OF INSURABILITY**

I hereby request to exercise my right to increment my life insurance coverage in units of \$50,000.00 on the first two policy anniversaries from the issue date of my policy.

I understand and agree that the insurability requirements that apply at the time of submitting my initial life insurance application are those of the highest amount I am requesting. The increment outlined in this document will be processed without evidence of insurability once I inform the insurance company of my decision to exercise this option.

The plans applicable for this program are: Best Indexed 100 and Best Indexed 250 and the increments are allowed up to the maximum amount of coverage established for each plan.

Plan: \_\_\_\_\_

Initial face amount: \$ \_\_\_\_\_

Face amount of guaranteed issue: \$ \_\_\_\_\_

\_\_\_\_\_  
Name of proposed insured

\_\_\_\_\_  
Signature of proposed insured

\_\_\_\_\_  
Name of policy owner  
(if different from proposed insured)

\_\_\_\_\_  
Signature of policy owner

Identification document and number: \_\_\_\_\_

Date: \_\_\_\_\_  
Month / Day / Year