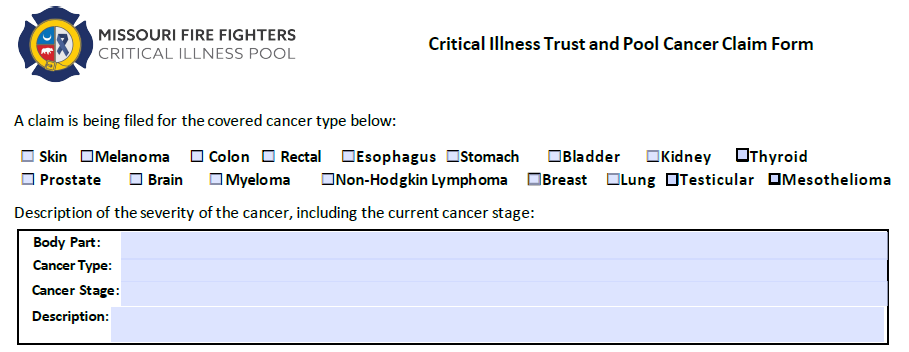
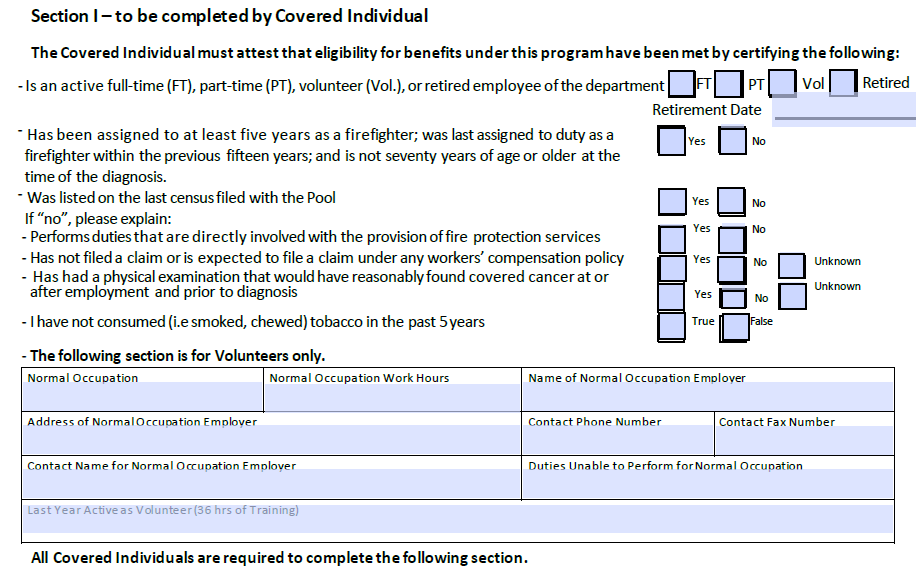
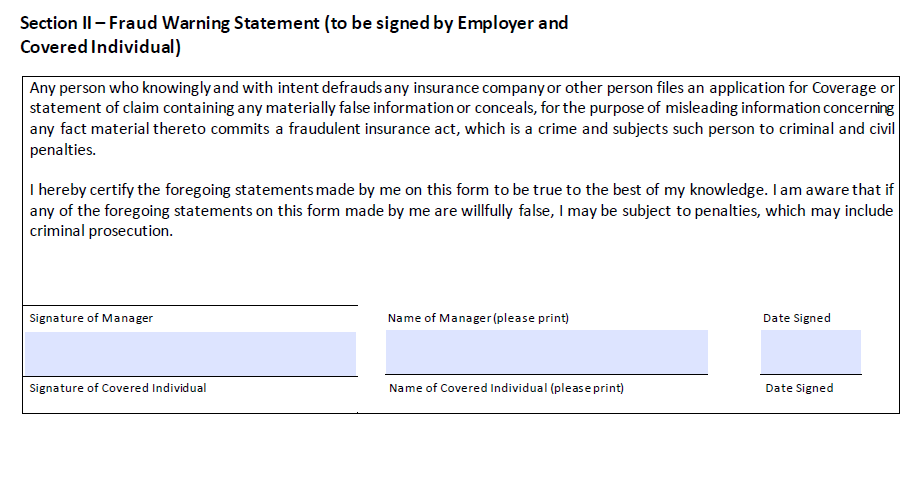


**Critical Illness Trust and Pool Cancer Claim Form**

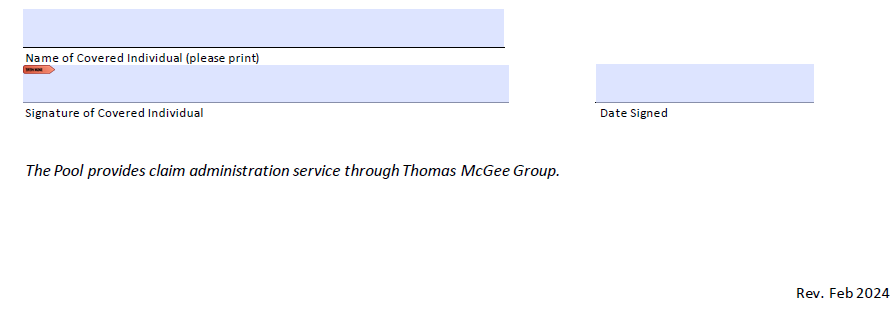


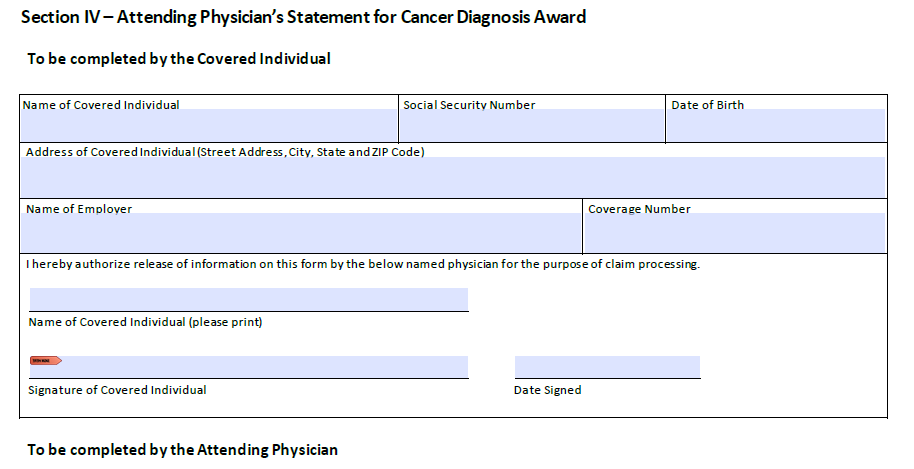


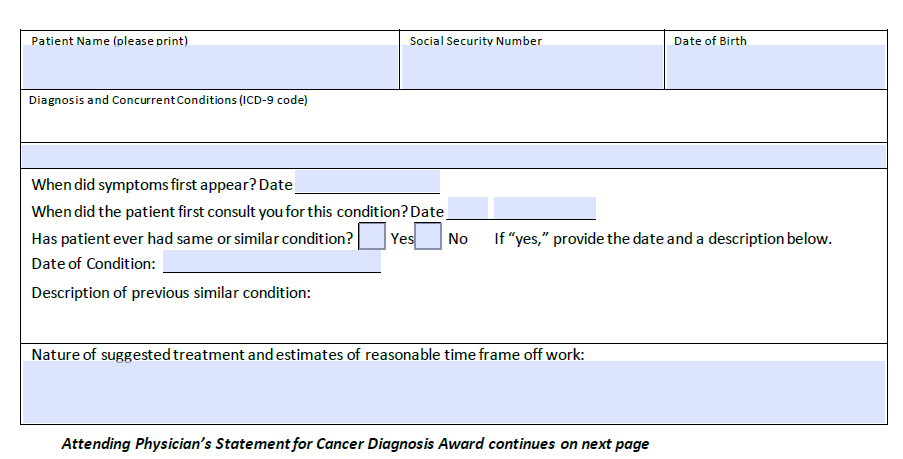
**\*Please attach a copy of the physician’s diagnosis and the last medical examination record to this claim form.**

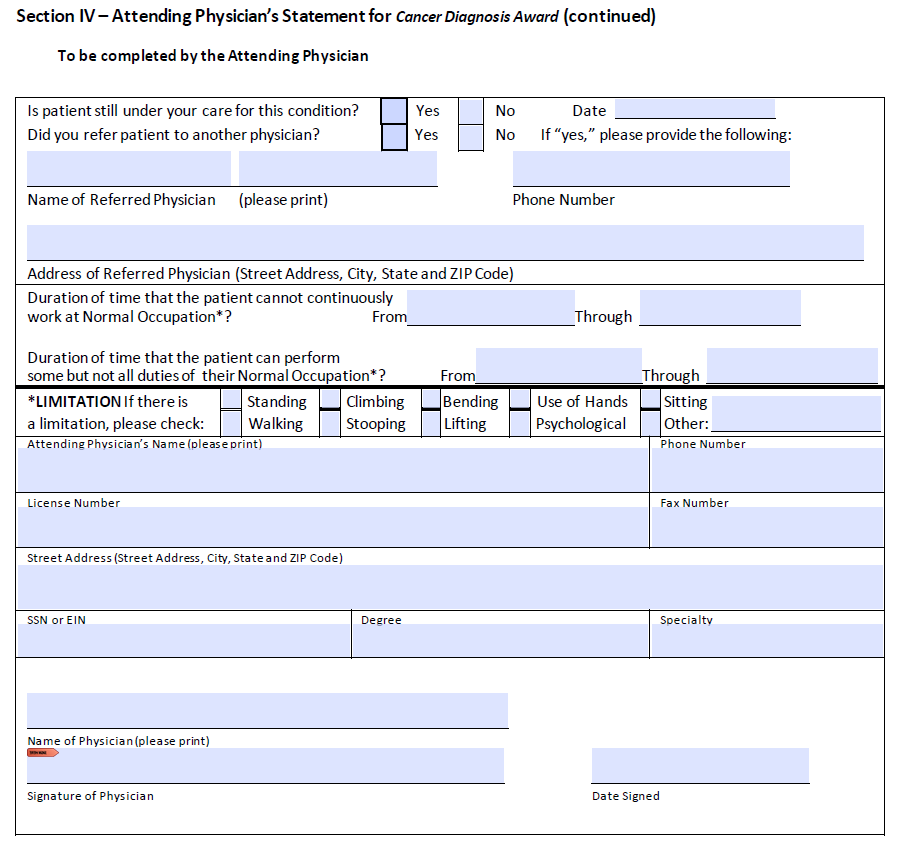


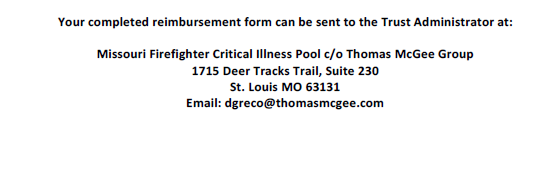










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