

Attending Physician's Statement

| PRIVATE AND |
|--------------|
| CONFIDENTIAL |

| DATE: | |
|-------|--|
| RE: | |
| BORN: | |

Dear Dr.

We have received an application for life insurance from the above patient. Attached is the permission for you to furnish us with the information regarding his/her health condition and treatment.

Please answer the questions below and return the report to our representative. However, should you prefer to give us a narrative report you may do so using the back portion of this form and provide a seperate sheet if necessary. If electrocardiograms were taken with borderline or abnormal results, please provide us with copy/ies of the tracing, if possible.

A Medical Examination is not required, but its in the applicants interest that all materials facts be fully state. Your report will be treated as strictly confidential.

TO: MCBL

We will settle the fee as soon as we receive your response.

| Sincerely yours, | |
|---|-------------|
| (mmu) Manulife China Bank Life Assurance C | |
| 11100000 | |
| Manulife China Bank Life Assurance C | corporation |
| New Business Department | |

| Date Attended Month/Year | Complaints & Abnormal Physical Findings | Duration of Illness | Diagnosis | Describe treatment of Operation |
|-----------------------------|--|------------------------|-----------|------------------------------------|
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NOTE: Please turn page for additional questions.

FOR AGENCY TO PROVIDE: Please specify type of business: □ Life □ Plans □ POS □ Group

Name of agent: Branch: Laboratory Findings (including X-ray, ECG and Pathological reports, etc., with dates):

| CXR | TST | | | | |
|--|----------------------|--|--|--|--|
| ECG | IVP | | | | |
| | Histopath Result | | | | |
| Blood Test (Please Specify): | | | | | |
| | | | | | |
| Others: | | | | | |
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| | | | | | |
| (NOTE: Please use the lower portion of this form for additional ad | tional Information.) | | | | |

Present Condition, if known (include sequelae and complications of reported illness)

Have any other physicians or surgeons been consulted? If so, please give name, dates and nature of disorder:

Please record any other information related to the above laboratory/pathological findings, which might have a bearing on this person's health:

Is the client/patient a SMOKER? □ Yes □ NO

Signature _____ M.D.