

ENDORSEMENT

To Policy No: _____

The following endorsement shall be attached to the above mentioned policy and shall constitute an integral part thereof.

I "Policy / Owner's name", the undersigned, hereby confirm my understanding that, (notwithstanding anything to the contrary in the said policy and supplementary contracts / riders attached, and in addition to all exclusions mentioned), no coverage and/or payment under the policy and/or any supplementary contract will be made by the Company and the Company will not be liable for any indemnity or payment for the death, disability, or any kind of loss, injury, treatment, surgery, medical expenses, sickness of the insured and for any complication arising thereof, if incurred during the insured's stay in "COUNTRY" and/or within thirty (30) days after leaving the said country (ies) if due to a cause that occurred during his/her stay in this/these country(ies).

The Company's liability under the policy including any supplementary contracts / riders attached therein shall be limited to the Net Cash Surrender Value of the policy, if any, less any existing indebtedness, including interest due or accrued, to the Company against the policy subject to the policy terms and conditions.

Except as provided herein, the terms and provisions of the policy shall remain unchanged.

Executed this Day Month Year

I have read the terms & conditions of this endorsement and understood their impact on the policy and any supplementary contract attached thereto and affix my signature in acceptance and agreement thereof.

Signed at City / Town, Country on Day Month Year

Policy Owner's Name

Policy Owner's Signature

"This document is computer generated and does not require the Registrar's signature or the Company's stamp in order to be considered valid".