Banner Life® Insurance Company

1701 Research Blvd., Rockville, Maryland 20850

3rd Party Translator's Statement

NAME OF PROPOSED INSURED (Please print): _____

1.   I hereby declare to Banner Life Insurance Company that I have completed a life insurance application for the above proposed insured because she/he did not have enough knowledge of the English language to complete the application herself/himself.

2.   I further declare to Banner Life Insurance Company that I am neither the owner nor the beneficiary of the life insurance policy that is being applied for.

3.   I am fluent in the native language of the proposed insured and qualified to explain the life insurance application form and understand the proposed insured's answers.

4.   I further declare to Banner Life Insurance Company that I fully and clearly explained each item and question on the application to the proposed insured before I recorded the proposed insured's response and that he/she unequivocally told me that he/she understood each question and item.

5.   I understand and acknowledge that it is my sole responsibility, at my own expense, to ensure that any and all translations of documents or otherwise into the language of the proposed insured are accurate and complete and that Banner Life Insurance Company will not bear any liability or responsibility for inaccurate or incomplete translations.

6.   I understand and acknowledge that I am not in any way acting as an agent or employee of Banner Life Insurance Company, in the translation of documents or otherwise.

7.   I have explained to the proposed insured that Banner Life Insurance Company shall rely upon the answers provided on the application for insurance in determining eligibility for the life insurance requested.

8.   I have reviewed and explained this Translator's Statement to the proposed insured, and I declare that she/he has clearly and unequivocally told me that she/he understands the content of this Translator's Statement and understands that any misstatement or omission by the proposed insured in applying for life insurance may result in coverage being denied or rescinded.

9.   I attest that the signature on the application for insurance is that of the proposed insured.

Print Translator Name and Title/Occupation: _____

Signature of Translator: _____ Date: _____

Signature of Proposed Insured: _____

Signed at: _____ Date: _____
             (City/State)