

Amendment to Policy Number \_\_\_\_\_ and forming an integral part thereof.

I, \_\_\_\_\_, the Policy owner / Applicant, hereby confirm my understanding that, notwithstanding anything to the Contrary in the said Policy and Supplementary Contracts / Riders attached thereto and, in addition to any Exclusions therein, the following Conditions will apply while the Policy is in force:

No benefits will be payable when the death or disability of the Insured occurs while the Insured is flying on duty. The liability on the Company is limited to the occurrence of death or disability of the Insured, resulting directly or indirectly from travel or flight on any type of aircraft, as a fare-paying passenger, operated by a commercial passenger airline on a scheduled service over an established passenger route.

Executed this Day Month Year

I have read this Exclusion and agree to its content.

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."***