



1455 West Lake Street  
Minneapolis, MN 55408  
Toll-free: 800-945-8851  
Fax: 612-827-0658  
www.sonsofnorway.com

## Attestation of Insurability for Reinstatement

### SECTION 1: GENERAL INFORMATION

Insured Name (First, MI, Last): \_\_\_\_\_

Policy No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. (last 4 digits): \_\_\_\_\_

Permanent Address (street, city, state): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***POLICYOWNER INFORMATION (IF OTHER THAN THE INSURED)***

Name (First, MI, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. (last 4 digits): \_\_\_\_\_

Permanent Address (street, city, state): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2: NOTIFICATION, ACKNOWLEDGEMENT, AND CERTIFICATION

**Reinstatement:** Any premium not paid before the end of its Grace Period will result in default. Default will terminate this certificate. After default in payment of any premium, this certificate may be reinstated at any time within three years after the due date of the unpaid premium provided:

1. You submit evidence satisfactory to us that the insured is still insurable according to our normal rules;
2. You have not surrendered the certificate for its surrender value;
3. Evidence of insurability satisfactory to the Society is furnished;
4. All premiums due and unpaid are paid to the date of reinstatement with interest at the rate of 6% per year; and
5. Any loan against this certificate existing on the due date of the unpaid premium with interest at the rate of 8% per year from that date must be repaid or reinstated.

Upon reinstatement of the certificate a new contestable period will begin as described in the General Provisions section under Incontestability.

**Incontestability:** We can never deny a claim except for non-payment of premiums unless: the insured's death occurs within two years from the effective date; and an answer in the application or declaration of insurability was not true or complete to the best of the applicant's knowledge and belief. This provision does not apply to any provisions providing benefits for death by accident. Any reinstatement will not be contestable unless: the insured's death occurs within two years from the effective date of the reinstatement, and an answer in the application or declaration of insurability for additional coverage or reinstatement was not true or complete.



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**Acknowledgement:** I certify, acknowledge, and agree to the following:

1. The Insured is currently alive, not hospitalized, and not terminally ill.
2. During the reinstatement review period, the policy remains lapsed and provides no benefits. Funds submitted will not earn interest or investment experience.
3. If the policy is not reinstated, Sons of Norway's only liability is to refund any payment received, without interest.
4. If reinstated and it is later determined that misrepresentations were made in the reinstatement application, Sons of Norway's liability for two years from the reinstatement date is limited to a refund of the amounts paid, minus any loans or withdrawals taken after reinstatement.

Any person who knowingly and with intent to defraud makes any misstatements, misrepresentations, omissions or concealments that are material to the content of the contract, relied upon by the insurer, material to the risk, and/or the information was provided fraudulently may be guilty of insurance fraud. Insurance benefits may also be denied.

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### **SECTION 3: SIGNATURES**

Signed In: (City, State): \_\_\_\_\_

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Policyowner's Signature (if other than the Insured): \_\_\_\_\_

### **NOTARY ACKNOWLEDGEMENT**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_, 202 \_\_, by:

\_\_\_\_\_  
Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ [SEAL]

Commission Expires: \_\_\_\_\_