



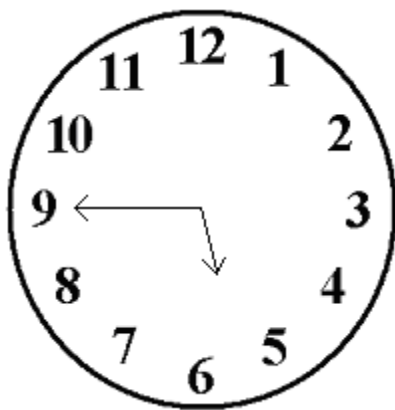
## Landmark Drawing Copy Test

Proposed Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

*Note to the Examiner: This test must be completed free-hand, with only an eraser-tipped pencil and no other assistive devices.*

PROPOSED INSURED'S NAME ( <i>Please Print</i> )	Date of Birth
Instructions: <b>COPY</b> the <b>DRAWING</b> below in the area provided to the right.	



I certify that I alone have completed this test with only an eraser-tipped pencil and no other devices, without the assistance of the examiner or any other person(s).

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(City, State)

Signed in the presence of \_\_\_\_\_  
(Signature of Medical Examiner) (Signature of Proposed Insured)