

**This form is to be  
completed ONLY by  
the Medical Examiner.**

**NOT FOR AGENT USE**



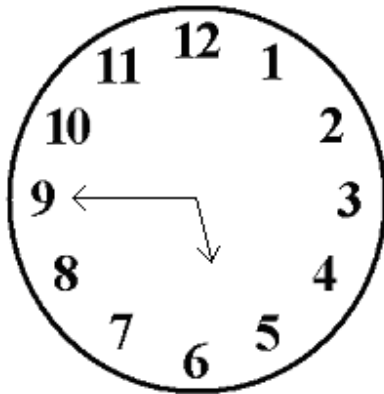
**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY

## **Landmark Drawing Copy Test**

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

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



**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 \_\_\_\_\_  
(Medical Examiner) (Signature of Proposed Insured)