



FARMERS LIFE INSURANCE

Interpretation Amendment

Insured/Proposed Insured(s)
Date of Birth
Farmers Insurance representative

Application or Policy Number
Application Dated
Representative Code

When used with new business: All references to "Insured(s)" mean the Proposed Insured(s) and all references to "Policy Owner" mean the Proposed Policy Owner(s).

When used with an application: This section is to be translated by the interpreter and signed by the Insured(s) and Policy Owner(s), if other than the Insured(s).

When used with a medical examination: This section is to be translated by the interpreter and signed by the individual being examined.

I affirm that information and questions on the Life application; Application for Policy Change/Reinstatement; and/or medical examination form were read to me in a language I speak and understand. I also affirm that information on the fraud warning and other notices listed on Form 31-4226 for my state of residence, if any, were read to me in a language I speak and understand. I declare that the statements and answers to the questions are true and complete to the best of my knowledge and belief. I agree that any questions I have asked about the application; Application for Policy Change/Reinstatement; medical examination; fraud warning and other notices; and/or the insurance coverage for which I am applying have been answered to my satisfaction. I understand that documents from Farmers New World Life Insurance Company are in English, including, but not limited to: policy contracts; applications; consent and disclosure forms; premium notices; and lapse notices. I agree to be bound by contracts and documents I sign. I understand that, should I be issued a life insurance policy; additional coverage; or reinstatement by Farmers New World Life Insurance Company, this amendment will form a part of the policy contract.

Signature of Insured(s) or parent (or legal guardian), if Insured is a juvenile

Date

Signature of Policy Owner(s), if other than Insured(s)

Signature of Witness

To be completed by the interpreter (must not be the Policy Owner or Beneficiary):

As interpreter, please print your full name, address and telephone number:

Name Telephone Number ()

Address City State Zip Code

What language was used during the interpretation?

What is the native language of the Insured? Of the Policy Owner?

What is your native language?

What is your relationship to the Insured? To the Policy Owner?

What is your relationship to the soliciting Farmers Insurance representative?

I acknowledge that I have acted as interpreter on behalf of the above listed Insured(s) for life insurance with Farmers New World Life Insurance Company; this includes the Policy Owner(s) if other than the Insured(s). I further acknowledge that the Insured(s)/Policy Owner(s) and I speak and understand the language used in this interpretation. I acknowledge that information and questions on the Life application; Application for Policy Change/Reinstatement; and/or medical examination form were read and understood by the Insured(s)/Policy Owner(s). I further acknowledge that information on the fraud warning and other notices listed on Form 31-4226 for the state of residence, if any, were read and understood by the Insured(s)/Policy Owner(s). The Insured(s)/Policy Owner(s) signed the application; Application for Policy Change/Reinstatement; and/or medical examination forms where requested. All questions were asked of the Insured(s)/Policy Owner(s). All answers provided by the Insured(s)/Policy Owner(s) were accurately recorded on the application; Application for Policy Change/Reinstatement; and/or medical examination forms.

Signature of Interpreter

Date

Signature of Witness

Farmers New World Life Insurance Company

Home Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 / (206) 232-8400
Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 / (614) 764-9975
Variable Policy Service Office: P.O. Box 724208, Atlanta, GA 31139 / 1-877-367-8008