

MEMBERSHIP CERTIFICATE

Resolution Life Assurance Company Ltd. hereby certifies
that the employee named hereunder is a member

Name of Company _____
Type of Plan _____
Pan _____

GROUP NUMBER _____
CERTIFICATE NO. _____
NAME OF EMPLOYEE _____
DATE JOINED PLAN _____
BENEFICIARY _____
AMOUNT OF LIFE INSURANCE _____
ACCIDENTAL DEATH _____

This certificate is valid only while the employee is a member in good standing of the plan. Membership in the plan is subject in all respects to the terms and conditions of the said Group Plan.

Dated at _____, Barbados on the _____ day of _____, 20_____

Chief Operations Officer

This certificate is merely evidence of the benefits provided under the aforementioned Group Policy, which Insurance is effective only if the person is **eligible** for the insurance and becomes and remains insured in accordance with the provisions terms and conditions of the said group policy.

If you have any questions concerning this plan please refer to your descriptive booklets or contact your employer.