



**PennMutual®**

The Penn Mutual Life Insurance Company  
The Penn Insurance and Annuity Company

## Third Party Translator's Statement

Proposed Insured Information	
Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)

Declarations
<p>1. I hereby declare to The Penn Mutual Life Insurance Company and/or The Penn Insurance Annuity Company that I have completed an Exam form for the above Proposed Insured because she/he did not have enough knowledge of the English language to complete the Application herself/himself.</p> <p>2. I further declare to The Penn Mutual Life Insurance Company and/or The Penn Insurance Annuity Company that I am neither the Owner nor the Beneficiary of the Life Insurance Policy that is being applied for.</p> <p>3. I am fluent in the native language of the Proposed Insured and qualified to explain the Exam form and understand the Proposed Insured's answers.</p> <p>4. I further declare to The Penn Mutual Life Insurance Company and/or The Penn Insurance and Annuity Company that I fully and clearly explained each item and question on the Exam form to the Proposed Insured before I recorded the Proposed Insured's response and that she/he unequivocally told me that she/he understood each item and question.</p> <p>5. I understand and acknowledge that it is my sole responsibility, at my own expense, to ensure that any and all translations of documents or otherwise into the language of the Proposed Insured are accurate and complete and that The Penn Mutual Life Insurance Company and/or The Penn Insurance and Annuity Company will not bear any liability or responsibility for inaccurate or incomplete translations.</p> <p>6. I understand and acknowledge that I am not in any way acting as an Agent or Employee of The Penn Mutual Life Insurance Company and/or The Penn Insurance and Annuity Company, in the translation of documents or otherwise.</p> <p>7. I have explained to the Proposed Insured that The Penn Mutual Life Insurance Company and/or The Penn Insurance and Annuity Company shall rely upon the answers provided on the Application for Insurance in determining eligibility for the Life Insurance requested.</p> <p>8. I have reviewed and explained this Translator's Statement to the Proposed Insured, and I declare that she/he has clearly and unequivocally told me that she/he understands the content of this Translator's Statement and understands that any misstatement or omission by the Proposed Insured in applying for Life Insurance may result in coverage being denied or rescinded.</p> <p>9. I attest to the best of my knowledge and belief that the signature on the Exam is the Proposed Insured.</p>

Translator	
Language Translated _____	
Print Translators Name and Title/Occupation _____	
Signature of Translator _____	Date _____
Signature of Proposed Insured _____	
Signed at(city/state) _____	Date _____