



### **Witness confirmation**

I, ..... (last name/first name of witness), hereby confirm  
that Mr./Ms..... (last name/first name of the  
insured person) is alive.

Full address of witness:

.....  
.....  
.....

Date: .....

Signature: .....

Please note:

- In principle, any person of legal age and capable of discernment may be considered a witness.
- Only hand-signed witness confirmations will be accepted by the SCO.