

Policy No.

DECLARATION OF GOOD HEALTH AND INSURABILITY

Policyowner _____
 Insured _____

HEALTH STATEMENT

	Insured		Payor	
Since your last medical examination, non-medical declaration, health statement or other information made in connection with the above-numbered policy:	Yes	No	Yes	No
1. Have you had any illness, injury, operation, treatment or medicine taken or have you consulted or been examined or advised by any doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has there been any change in your height and weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has there been any change in your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you made any application for insurance/reinstatement with another insurance company which was declined, postponed or modified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you changed your occupation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you undertaken any hazardous avocation (automobile racing, scuba diving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you changed your place of residence or do you plan to work abroad soon? Where, when and in what capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR WOMEN ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant? If so, how many months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GIVE DETAILS OF ANY "YES" ANSWER (indicate the question no.)

I/We hereby declare that each of the above representations is true and correct and that I/we have fully stated all exceptions to each of the statements.

I/We further agree that if within two (2) years from the date of this declaration, any of the foregoing statements are found to be untrue in any respect, Allianz PNB Life Insurance, Inc. shall have the right to declare null and void and to revoke the above-mentioned policy.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to 1) facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to 2) comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

Signed at _____ this _____ day of _____ 20 _____.

Printed name and signature of Witness	Printed name and signature of Insured
Printed name and signature of Witness	Printed name and signature of Policyowner