

Alcohol Consumption Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
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Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. Do you drink alcoholic beverages? If so, what kind?

2. How often do you drink?

3. What is your consumption of alcohol per day?

4. How many years have you been drinking alcohol?

5. Have your habits with regard to the above changed substantially during the past five (5) years? If yes, please give details.

6. Have you ever consulted, been advised or been actively treated by any doctor regarding excessive consumption of alcohol? If so, please indicate the names and addresses of attending doctors and the dates of consultations.

7. Have you ever been apprehended/convicted of drunkenness? If so, please indicate dates and locations.

I hereby declare that the above statements are true and complete and agree that this supplementary statement together with the proposal dated _____ shall form part of the contract between me and Allianz PNB Life Insurance, Inc.
I authorize Allianz PNB Life Insurance, Inc. to process the information I have provided in accordance with the Data Privacy Act.

Signature over printed name of Proposed Insured

Date