

# Armed Forces Supplementary Statement

This statement should be completed by the Proposed Insured/Policyowner

Proposed Insured	Date of Birth
------------------	---------------

Please answer each question **truthfully, accurately** and **completely** and where appropriate, provide particulars.

1. In what branch of the armed forces are you serving?

2. What is your rank?

3. What are your present duties? Please indicate if you are involved or likely to be involved in any particularly hazardous activities, such as bomb disposal work, or if you engage in aviation or diving, in which case, a separate questionnaire will be forwarded to you for completion.

4. Are you currently serving in, or under orders to be posted in, a crisis region?

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