

Gastric Diseases 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. Have you ever suffered or are you now suffering from any gastric complaint? If so, when did you first experience symptoms?

2. How frequently and with that symptoms does this condition trouble you?

3. Have you consulted a doctor about the condition and if so, are you aware of the diagnosis (e.g., hyperacidity, gastritis, gastric or duodenal ulcer)? What investigations, if any, were carried out?

4. Have you received or are you still receiving treatment of any kind? If so, please give details.

5. Is any operation contemplated?

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