

Respiratory Disease 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 respiratory disease? If so, when did you first experience symptoms?

2. With what symptoms does this condition trouble you? Please include reference to their severity.

3. Have you consulted a doctor about the condition? If so, are you aware of the diagnosis (e.g., asthma, bronchitis, emphysema)? What investigations, if any, were carried out?

4. Have you received or are you still receiving treatment of any kind (e.g., bronchodilators, steroids)?

5. Do you suffer from any other diseases?

6. Have you ever received or are you now in receipt of any kind of disability compensation? If so, please provide details including the reason for compensation.

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