

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

*Subsidiaries of American International Group, Inc.*

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

## Proposed Insured Information

Proposed insured \_\_\_\_\_ Date of birth \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Do you presently use, or have you in the past 5 years used:

Drug(s):  Yes  No

Alcoholic beverage(s):  Yes  No

If yes, indicate which of the following you use (used).

- Amphetamines (Benzedrine; Dexedrine; Methedrine, etc.)
- Cocaine (crack)
- Hallucinogens (LSD, DMT; Peyote, etc.)
- IV Drugs
- Marijuana (Hashish; Cannabis)
- Opiates (Codine, Levoin, Methadone)

- Beer
- Wine
- Liquor

2. Date(s) last used: drugs \_\_\_\_\_ alcohol \_\_\_\_\_

Amount usually used: drugs \_\_\_\_\_ alcohol \_\_\_\_\_

Frequency of use:  Daily  Weekly  Monthly      Frequency of use:  Daily  Weekly  Monthly

3. How long have you used them? drugs \_\_\_\_\_ alcohol \_\_\_\_\_

4. Have you ever received medical treatment because of:

Drug(s):  Yes  No

Alcoholic beverage(s):  Yes  No

If yes, name(s) of doctor/facility, address and dates of treatment: \_\_\_\_\_

5. Have you ever joined or attended a support group (such as AA or NA) because of:

Drug(s):  Yes  No

Alcoholic beverage(s):  Yes  No

If yes, name of support group and dates of attendance: \_\_\_\_\_

If yes, are you still an active member of a support group?  Yes  No

6. Have you ever been arrested; charged or convicted (including DWI) in connection with:

Drug(s):  Yes  No

Alcoholic beverage(s):  Yes  No

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief.

Signed at (city, state) \_\_\_\_\_

Signature of proposed insured \_\_\_\_\_ Date \_\_\_\_\_