

## Liver and Gallbladder 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 liver or gallbladder disease? If so, when did you first experience symptoms?

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

3. Have you consulted a doctor about the condition? If so, are you aware of the diagnosis (e.g., hepatitis, cholecystitis, gallstones, jaundice)?

4. Have you received or are you still receiving treatment of any kind?

5. Is an operation contemplated?

6. Do you suffer from any other diseases?

7. Have you ever received or do you now receive any kind of disability 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