

Policy No.

APPLICATION FOR REINSTATEMENT

Policyowner _____

Insured _____

Policyowner's height and weight _____ Insured's height and weight _____

HEALTH STATEMENT

Since your last medical examination, non-medical declaration, health statement or other information made in connection with the above-numbered policy:	Insured		Payor	
	Yes	No	Yes	No
1. Have you had any illness, injury, operation, treatment or medicine taken or have you consulted or been examined or advised by any doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has there been any change in your height and weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has there been any change in your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you made any application for insurance/reinstatement with another insurance company which was declined, postponed or modified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you changed your occupation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you undertaken any hazardous avocation (automobile racing, scuba diving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you changed your place of residence or do you plan to work abroad soon? Where, when and in what capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR WOMEN ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you pregnant? If so, how many months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GIVE DETAILS OF ANY "YES" ANSWER (indicate the question no.)

I/we hereby declare that each of the above representations is true and correct and that I/we have fully stated all exceptions to each of the statements.

I/we agree that the above-numbered policy shall not be reinstated by reason of any payment made by me/us unless this application is actually approved by the Company during my/our lifetime and good health and until all other requirements for the issuance, amendment or reinstatement of said policy are fully satisfied. If this application is disapproved, I/we also agree to accept the refund of all payments made in connection herewith, without interest, and to surrender the receipts for such payments.

I/we further agree that the reinstatement of the said policy, as granted by the Company upon this application, shall be contestable at any time within two years from date of approval thereof, for fraud or misrepresentation of any material facts herein stated.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to **1)** facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to **2)** comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

Signed at _____ this _____ day of _____ 20 ____.

Printed name and signature of Witness

Printed name and signature of Insured

Printed name and signature of Witness

Printed name and signature of Policyowner