

Asthma or Bronchitis 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 do you now suffer from asthma?

2. How frequently do you experience asthma attacks?

Are these precipitated by anything in particular?

When was the last attack?

3. How severe are the attacks and how long do they usually last?

4. Are the attacks mild, moderate or severe?

Are they productive of sputum?

Have you ever coughed up blood?

Have you lost time from work?

5. What treatment are you presently following? If so, please give details.

6. Please give dates, names and addresses of all doctors consulted.

7. Are you short of breath or do you wheeze on exertion? If yes, please explain.

6. Do you smoke? If yes, how many cigarettes per day

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