

NON-SMOKER QUESTIONNAIRE

(In continuation of and forming part of my application for insurance)

EMPLOYEE – Are you:

a. A current tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If cigarette smoker, how many packs per day?
c. A past tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Date of last tobacco use: (Mo., Day, Yr.) _____

SPOUSE – Are you:

a. A current tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If cigarette smoker, how many packs per day?
c. A past tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Date of last tobacco use: (Mo., Day, Yr.) _____

I, the Proposed Insured, hereby declare that I myself have answered this questionnaire and that the answers given on this questionnaire are true to the best of my knowledge and belief. I agree that the answers will be part of the application for insurance for which the questionnaire was required by Allianz Life Insurance Company of North America. I realize that any false statement or misrepresentation on this questionnaire may result in a loss of coverage under the policy.

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date

Signature of Spouse

Date