

**WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

**Part B – The following questions pertain to all Proposed Insureds, including children.**

1. a. Has any Proposed Insured ever had an application for life insurance or annuity contract declined, postponed, rated or had an application issued other than as applied for?  Yes  No
- b. If declined, was it within the past 12 months?  Yes  No
2. Has the applicant, Proposed Insured, Proposed Owner or Proposed Beneficiary:
- a. entered into, or planned to enter into, any agreement or contract to sell or assign the ownership of, or a beneficial interest in the applied for policy?  Yes  No
- b. promised or agreed to give or has given to any party to the application, or has any party to the application received or will receive from any person, any inducement, fee or compensation as an incentive to purchase the policy?  Yes  No
- c. sold, transferred or assigned any life insurance policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider?  Yes  No
- d. ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a policy?  Yes  No
3. Has any Proposed Insured ever:
- a. been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV disease?  Yes  No
- b. tested positive for antibodies to the HIV virus?  Yes  No
4. In the past 5 years, has any Proposed Insured ever:
- a. claimed or received benefits due to a full disability?  Yes  No
- b. claimed or received benefits due to a partial disability for any injury or illness that included any organ involvement?  Yes  No
5. In the past 5 years, has any Proposed Insured ever filed or received benefits under a Living Benefits Rider, also known as an Accelerated Death Benefit Rider (ALBR, ADBR)?  Yes  No
6. Other than as a passenger, has any Proposed Insured participated in any aviation activity in the past 5 years, or does she/he plan to participate in such activity in the next two years?  Yes  No
7. In the past 5 years, has any Proposed Insured engaged in: parachuting, hang gliding, vehicle racing, scuba diving below 60 feet, or mountain climbing?  Yes  No
8. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years?  Yes  No
9. In the past 5 years, has any Proposed Insured
- a. been convicted of driving under the influence of drugs?  Yes  No
- b. been convicted of driving under the influence of alcohol?  Yes  No
- c. had a driver's license suspended or revoked, or plead guilty to or been convicted of 2 or more moving violations?  Yes  No
10. a. Unless on the advice of a physician, in the past 10 years has any Proposed Insured used or received advice from a medical professional, counseling or treatments as the result of the use of the following drugs:
- |               |  |              |  |
|---------------|--|--------------|--|
| heroin        | <input type="checkbox"/> Yes <input type="checkbox"/> No | cocaine      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| hallucinogens | <input type="checkbox"/> Yes <input type="checkbox"/> No | amphetamines | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| barbiturates  | <input type="checkbox"/> Yes <input type="checkbox"/> No |              |  |
- b. Unless on the advice of a physician, in the past 10 years has any Proposed Insured used or received advice from a medical professional, counseling or treatments as the result of the use of marijuana?  Yes  No
- c. In the past 10 years, has any Proposed Insured used or been convicted for the use or possession of any of the following drugs?
- |          |  |                |  |
|----------|--|----------------|--|
| narcotic | <input type="checkbox"/> Yes <input type="checkbox"/> No | stimulant      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| sedative | <input type="checkbox"/> Yes <input type="checkbox"/> No | hallucinogenic | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- d. In the past 10 years, has any Proposed Insured been convicted for the use or possession of alcohol  Yes  No or received advice from a medical professional, counseling or treatment as the result of the use of alcohol?  Yes  No
11. In the past 10 years, has any Proposed Insured been convicted of a felony? (If "Yes", provide details)  Yes  No
12. a. What is the Primary Proposed Insured's current height? \_\_\_\_\_
- b. What is the Primary Proposed Insured's current weight? \_\_\_\_\_
- c. Has the Primary Proposed Insured's weight changed more than 10 lbs. in the last year?  Yes  No
13. a. Does the Primary Proposed Insured (PPI) currently use tobacco or nicotine in any form, or has the PPI used tobacco or nicotine in any form in the last 12 months?  Yes  No
- b. Is the Primary Proposed Insured a former user of tobacco or nicotine?  Yes  No
- Date last used (year): \_\_\_\_\_
14. Within the past 5 years, has any Proposed Insured ever claimed disability or a pension, or received benefits due to a full disability or due to a partial disability for any injury or illness?  Yes  No
- If Yes, are you actively at work?  Yes  No
- (Details: How many hours per week?) \_\_\_\_\_
15. Within the past 5 years and excluding tests related to the Human Immunodeficiency Virus (AIDS Virus), for any Proposed Insured, have any surgeries or tests been recommended by a member of the medical profession at the time of this application?  Yes  No
16. Has any Proposed Insured ever tested positive, diagnosed or been treated by a member of the medical profession for:
- |   |  |
|---|--|
| a. high blood pressure                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| chest pain or pressure                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| angina                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| heart attack                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| abnormal heartbeat                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| congestive heart failure                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| murmur                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| stroke                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| blood clot(s)                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| or any other circulatory system disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. cancer                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hodgkin's disease                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| leukemia                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| or any tumor or polyp?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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- c. nervous breakdown  Yes  No
- psychosis  Yes  No
- depression  Yes  No
- anxiety  Yes  No
- post-traumatic stress disorder  Yes  No
- obsessive compulsive disorder  Yes  No
- bipolar  Yes  No
- schizophrenia  Yes  No
- suicidal thoughts  Yes  No
- or any other mental nervous disorders?  Yes  No

17. In the past 5 years: Has any Proposed Insured ever been diagnosed or treated by a member of the medical profession for:

- a. epilepsy  Yes  No
- convulsions  Yes  No
- seizures  Yes  No
- severe headaches/migraines  Yes  No
- paralysis  Yes  No
- chronic pain  Yes  No
- or any other neurological disorders?  Yes  No
- b. diabetes  Yes  No
- pre-diabetes  Yes  No
- anemia  Yes  No
- polycythemia  Yes  No
- hemophilia  Yes  No
- liver disease  Yes  No
- disorder or enlargement of any gland, including lymph glands?  Yes  No
- c. persistent fever  Yes  No
- chronic cough  Yes  No
- diarrhea  Yes  No
- weakness or infection  Yes  No
- asthma  Yes  No
- bronchitis  Yes  No
- emphysema  Yes  No
- tuberculosis  Yes  No
- pneumonia  Yes  No
- chronic obstructive pulmonary disease (COPD)  Yes  No
- or any infection or other disorder of the respiratory system?  Yes  No
- d. auto-immune and related disorders to include
- Ankylosing spondylitis  Yes  No
- celiac disease  Yes  No
- lupus  Yes  No
- Lyme disease  Yes  No
- multiple sclerosis  Yes  No
- arthritis  Yes  No
- sarcoidosis  Yes  No
- or other not listed?  Yes  No
- e. ulcer  Yes  No
- gastritis  Yes  No
- colitis  Yes  No
- pancreatitis  Yes  No
- or any other disorder of the gallbladder or intestine?  Yes  No
- f. any disorder of the kidneys  Yes  No
- bladder  Yes  No
- prostate  Yes  No
- reproductive organs or breasts  Yes  No
- or any sexually transmitted disease?  Yes  No

18. In addition to any doctors or hospitals listed above, in the past 5 years, has any Proposed Insured:
- a. been treated, examined or observed in a hospital, clinic, or other medical facility?  Yes  No
  - b. consulted with any other doctors?  Yes  No
  - c. been treated, diagnosed by, or had an operation by a medical professional for any other cause(s) not listed above?  Yes  No