

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

Subsidiaries of American International Group, Inc.

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured Information

Proposed insured _____ Date of birth _____ Social Security #: _____

1. Do you presently use, or have you in the past 5 years used:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

If yes, indicate which of the following you use (used).

- Amphetamines (Benzedrine; Dexedrine; Methedrine, etc.)
- Cocaine (crack)
- Hallucinogens (LSD, DMT; Peyote, etc.)
- IV Drugs
- Marijuana (Hashish; Cannabis)
- Opiates (Codine, Levoine, Methadone)

- Beer
- Wine
- Liquor

2. Date(s) last used: drugs _____ alcohol _____

Amount usually used: drugs _____ alcohol _____

Frequency of use: Daily Weekly Monthly Frequency of use: Daily Weekly Monthly

3. How long have you used them? drugs _____ alcohol _____

4. Have you ever received medical treatment because of:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

If yes, name(s) of doctor/facility, address and dates of treatment: _____

5. Have you ever joined or attended a support group (such as AA or NA) because of:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

If yes, name of support group and dates of attendance: _____

If yes, are you still an active member of a support group? Yes No

6. Have you ever been arrested; charged or convicted (including DWI) in connection with:

Drug(s): Yes No

Alcoholic beverage(s): Yes No

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at (city, state) _____

Signature of proposed insured _____ Date _____