

- 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 any Amphetamines (Benzedrine, Dexedrine, Methadrine), Cocaine (crack), Hallucinogens (LSD, DMT, Peyote, etc.), IV (Intravenous) Drugs, Marijuana (Hashish, Cannabis), Opiates (Codeine, Heroin, Methadone) or any other illegal narcotic or drug? YES NO

2. Do you presently or have you ever used any alcoholic beverages (beer, wine, liquor, spirits)? YES NO
 If you answered YES to questions 1 or 2, please list details of what was used, how much was used, how often used, and the time periods used below.

What type?	How much?	How often? (Daily, Weekly, Monthly)	When did you use?	
			From	To

3. Have you ever been diagnosed, counseled or advised, received medical treatment from a physician, doctor, or drug/alcohol counselor, or been admitted to a hospital or to a substance abuse treatment center because of the use of any of the controlled substances listed in questions 1 and 2 above? YES NO If you answered YES to question 3, please list details for the names, times and places below.

Whom did you see?	When did you see them?	Where did you see them?

4. Are you now or have you ever attended or been a member of Alcoholics Anonymous or Narcotics Anonymous YES NO
 If you answered YES to question 4, please list details for names of organizations, times of attendance and current membership status below.

Name of organization?	Dates of attendance?	Are you still a member?

5. Have you ever been arrested, charged or convicted (including DWI, DUI) or any other illegal activity in connection with any of the drug or alcohol substances listed above? YES NO

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (city, state) _____

Signature of proposed insured _____ Date _____