AIG AMERICAN GENERAL

Drug/Alcohol Questionnaire

American General Life Insurance Company, Houston, TX

A member company of American International Group, Inc.

In this questionnaire, the "Company" refers to the insurance company whose name is shown 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, Levoin, 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.

Signed at (city, state) _____

Signature of proposed insured _____ Date _____