

## ALCOHOL CONSUMPTION QUESTIONNAIRE

Name of Applicant \_\_\_\_\_

1. Do you drink alcoholic beverage?  Yes  No

If yes,

A. What type of alcohol?  Beer  Brandy  Scotch  Gin

Others (Please specify) \_\_\_\_\_

B. How often do you drink?

Drinks \_\_\_\_\_ Day(s) per week

C. What is your consumption of alcohol per day?

Glass(es)/Shots \_\_\_\_\_ Bottles \_\_\_\_\_

2. How many years have you been drinking alcohol?

3. Have your habits with regard to the above changed substantially during the past 5 years?

Yes  No

4. Have you ever been consulted, been advised by or been actively treated by any doctor regarding excessive consumption of alcohol?

Yes  No

If yes, please indicate the dates of consultation and the names & addresses of attending doctors

5. Have you ever been apprehended or convicted of drunkenness  Yes  No

If yes, please indicate dates and location

*I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form part of the application to the Manulife Chinabank Life Assurance Corporation for insurance on my life.*

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent