Manulife | Chinabank
LIFE ASSURANCE CORPORATION

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

MCBNBACQ – 8/2001 PHP