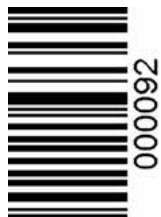




DRUGS QUESTIONNAIRE



Application Number:

Name of customer applying for cover

Date of Birth (dd/mm/yyyy)

Financial Adviser

Important – telling Irish Life about relevant information.

Please remember that you are obliged to answer the questions asked in this form, honestly and with reasonable care.

If your answers are not true and complete, we may be entitled to void the policy without return of premiums, refuse a claim, treat the policy as if it have been entered into on different terms or reduce your claim amount on foot of the contract of insurance. amount on foot of the contract of insurance.

1. Are you now using or have you ever used any of the following? (other than for treatment of a medical condition under proper medical supervision)

- | | | |
|--|-----|----|
| • Amphetamines eg 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers', etc | Yes | No |
| • Barbiturates eg 'Downers', etc | Yes | No |
| • Cannabis eg 'Hashish', Marijuana, 'Pot', 'Weed', etc | Yes | No |
| • Hallucinogens eg 'Acid', 'Angel dust', 'Haze', LSD, 'Microdots' etc | Yes | No |
| • Herbs eg catnip, poppy, kavakava, lobelia, etc | Yes | No |
| • Opiates eg Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc | Yes | No |
| • Sedatives eg Diazepam, 'Downers', Nitrazepam, 'Tranks', etc | Yes | No |
| • Solvents eg Aerosols, glue, etc | Yes | No |
| • Others | Yes | No |

If yes to any of the above questions, please provide details regarding your usage pattern:

Name of substance	Date of first used	Date ceased	Frequency of use

2. Have you ever injected or used drugs intravenously?

Yes

No

If yes please provide details including dates:

Details	Date

3. Have you ever sought medical treatment or been hospitalised due to drug usage or detoxification or been referred for drugs counselling?

Yes

No

If yes please provide details including dates:

Name of doctor, hospital or clinic	Address	Dates

4. Have you suffered from any impairment associated with drug use?

Eg hepatitis B, HIV infection, alcohol abuse, mental illness etc.?

Yes

No

If yes please provide details:

5. Please provide any additional information which you feel will be helpful in processing your application.

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Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I understand and agree that the information I have provided in this questionnaire is material to the decision of Irish Life Assurance plc (Irish Life) to enter into the contract, on the terms and for the calculation of premium and that Irish Life has relied on this information in so doing.

I have read over the answers to all the questions on this form and declare that all answers (including any answers written down for me) are true and complete. I declare that I have answered all of the questions in this form honestly and with reasonable care.

I have read and understood the important information about my obligation to answer all questions asked by Irish Life in this questionnaire and I understand that if I do not answer these questions honestly and with reasonable care, Irish Life will be entitled (depending on the breach) to declare the plan void, refuse my claim, treat my insurance as if it was entered on different terms, or reduce my claim. If this happens, I understand and acknowledge there may be no cover under the plan, Irish Life may not refund my premiums and Irish Life may not pay a claim.

I understand that this questionnaire will form part of my application for cover and that a copy of the completed questionnaire is available to me on request. I understand that we must advise Irish Life in writing of any change to our application answers between the date of our application and the date I am accepted for cover by Irish Life.



Please sign and date

Your Signature



Date

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1. T: 01 704 1010 • F: 01 704 1900



Irish Life