

Minnesota Life Insurance Company • Individual Underwriting • 400 Robert Street North • St. Paul, Minnesota 55101-2098

To be completed by the Proposed Insured.

NAME	DATE OF BIRTH	GA/SA CODE
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Are you currently using, or in the past 10 years, have you ever used the following chemicals: (Please provide details below.)

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| A. Alcohol (such as beer, wine, liquor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Narcotics (such as heroin, opium, demerol, or their derivatives)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Hallucinogens (such as LSD, PCP, DMT, STP, or their derivatives)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Methamphetamines or stimulants (such as cocaine, crack, ice, crank, amphetamines, antidepressants)? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Depressants (such as bromides, barbiturates, or their derivatives)? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Tranquilizers (such as valium, librium, haldol, or their derivatives)? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Marijuana (such as hash, pot, grass, tea)? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Other | <input type="checkbox"/> | <input type="checkbox"/> |

Type	Usual Quantity	How Often	Dates	
			From	To

Have you ever in the past 10 years consulted, been advised by or been treated by any physician, counselor, therapist, or facility for chemical usage? Yes No

If yes, please indicate the date(s) of consultation(s) and the name(s) and addresses of attending physicians or facilities. _____

As a result of chemical usage, have you ever in the past 10 years attended a support organization? (Alcoholics Anonymous, Impaired Physicians Program, halfway houses, drug treatment, or after care programs) Yes No

If yes, what and when? _____

How long were you or have you been an active participant? _____

Are you presently an active participant? _____

Please make any comments you would like concerning this matter in the space provided below.

AGREEMENTS: I have read the statements and answers recorded on this questionnaire. They are given to obtain insurance and are, to the best of my knowledge and belief, true and complete and correctly recorded. I agree that they will become part of the application and any coverage issued on it.

SIGNATURE OF PROPOSED INSURED	DATE
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X