

1. Name of Life Insured: _____ Birthdate: _____ Policy Number: _____
 Occupation: _____ Employer: _____

2. a. Who owns the aircraft in which you fly? _____
 b. Do you own or plan to own any kind of aircraft? Yes No
 c. In what types of planes do you fly? _____

3. a. Have you ever been a member of any air force or the air branch of any military or naval service? Yes No
 b. Do you contemplate joining any such service or a reserve thereof? Yes No
 c. If so, state the branch, dates of service, rank and duties in service: _____

4. a. Have you ever operated the controls of any aircraft, including gliders, under instruction or otherwise? Yes No
 b. Do you contemplate doing any flying either as a pilot or student-pilot? Yes No
 c. When did you (or will you) first receive instructions as a student-pilot? _____
 d. If you are a pilot, how many hours (total) have you flown in this capacity? _____
 e. What was the date of your last flight as a pilot or student-pilot? _____

5. a. What type of license or certificate do you hold? _____ b. Date issued? _____
 c. Is that license or certificate now valid? Yes No
 d. Are you contemplating qualifying for a higher grade license or certificate? Yes No
 e. Do you instruct student-pilots? Yes No f. If so, how many hours per year? _____

6. a. Have you ever been grounded, fined or reprimanded for violation of air regulations? Yes No
 b. If so, explain: _____

 c. In what aircraft accidents have you ever been involved? _____

7. Complete the following tables giving details of your flying: (Item 7 is continued on Page 2)

TABLE A - Referring only to flights as a PILOT, CO-PILOT and STUDENT-PILOT

Show in this column the number of HOURS of your flying		Describe below, for each year, the purpose and locality of these flights and state the capacity in which these flights were made.
Hours flown during current year to date?		
Hours flown last year?		
Hours flown during year before last?		
Hours of flying likely within next 12 months?		

7. (Item 7 is continued from Page 1)

TABLE B - Referring only to flights OTHER THAN as a pilot, co-pilot or student-pilot

Show in this column the number of HOURS of your flying		Describe below, for each year, the purpose and locality of these flights and state the capacity in which these flights were made.
Hours flown during current year to date?		
Hours flown last year?		
Hours flown during year before last?		
Hours of flying likely within next 12 months?		

8. a. Do you expect your flying in the future will differ from that done in the past? Yes No

b. If so, explain:

I (we), the undersigned, hereby declare and agree that the answers recorded above are complete and true, are material to and shall form an essential part of any application and also of any request currently made to the First Great-West Life & Annuity Insurance Company by or concerning the person named in Item 1a.

Signed at: this day of ,

Witness
Witness
Witness
Witness

Insured
Additional Insured, if any
Policy Owner, if other than Insured
Policy Owner, if other than Insured