

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION SCUBA DIVING QUESTIONNAIRE (DC)

- ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401
- Security Life of Denver Insurance Company, 8055 East Tufts Ave., Suite 650, Denver, CO 80237



For Policy Owner Service Use Only:

- Voya Insurance and Annuity Company, Des Moines, IA
- Midwestern United Life Insurance Company, Fort Wayne, IN

A member of the Voya family of companies
Customer Service: PO Box 5033, Minot, ND 58702-5033

Proposed Insured Name *(please print)* _____ Birth Date _____

Diving Experience and Qualifications

1. When and where did you learn to dive? _____
2. Are you an active member of a diving club? Yes No
3. What diving qualifications do you hold? _____
4. How many dives per year have you made in each of the last 3 years? _____
5. What is the average time you spend under water per dive? _____
6. Where do you dive? _____
7. What is the maximum depth you dive to? _____
8. Do you ever dive unaccompanied? Yes No

Future Diving Plans *(in the next 24 months)*

9. How many dives do you plan to make each year? _____
10. What depth will you usually dive to? _____
11. What type of equipment will you use? _____

Purpose of Dives

12. For what purpose do you dive (e.g., photography or marine biology)? _____
13. Do you dive commercially or for profit? Yes No
14. Do you participate in any of the following dives?
 - Wreck diving (observation, salvage, photography or exploration) Yes No
 - Cave or pothole diving Yes No
 - Treasure diving Yes No
 - Ice diving Yes No
 - Diving at high altitudes (i.e. mountain lakes) Yes No
 - Depth record attempts Yes No

Provide details about the frequency and locations of the dives indicated above. Include any other information that may clarify your responses on this questionnaire.

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Proposed Insured Signature _____ Date _____