

## 1 Person to be insured information

Application/Policy number	Name (last, first and middle initial)	Date of birth (dd/mmm/yyyy)
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## 2 Details

You may qualify for a non-smokers' premium rate. Please answer the questions below, and sign. Your signature must be witnessed by an unrelated adult.

The Owner of the policy may be someone other than the person to be insured, but only the person to be insured should complete this questionnaire.

Has the person to be insured smoked cigarettes in the last 12 months?  Yes  No

If "Yes," number of packs per day

How long has he or she smoked? (number of years)

If the person to be insured is not currently smoking cigarettes, has he or she ever smoked?  Yes  No

Date on which he or she stopped smoking (dd/mmm/yyyy)

Was it recommended that the person to be insured quit smoking on medical advice?  Yes  No

If "Yes," provide full name and address of physician:

Name (last, first and middle initial)

Address (street, number and apt. number)

City

Province

Postal code

If the person to be insured is not currently smoking cigarettes, is he or she using tobacco in any other form e.g. cigars, pipe, cigarettos, chewing tobacco, nicotine substitutes (such as gum or patches) or other (i.e. betel nuts)?

Yes  No

If "Yes," give details.

Has the person to be insured used marijuana in the last 12 months?  Yes  No

If "Yes," (i) non-smokers premium rates are not available.

(ii) give average number smoked weekly and date last used.

## 3 Authorization

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 a part of the application for insurance. **It is understood and agreed that this declaration is relied upon to establish the premium rates for the insurance applied for and that any misrepresentation or untrue declaration will make this contract voidable by the Company that will insure the policy identified.**

Date (dd/mmm/yyyy)

Witness

Signature of person to be insured

## 4 Insurance advisor's report

To the best of my knowledge, the applicant  has  has not smoked cigarettes within the past 12 months.

Date (dd/mmm/yyyy)

Signature of insurance advisor