

Application/Policy no.



Non-smoking declaration

1. Life Assured

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Title | First name | Middle name(s) | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date of birth:

2. Declaration

Have you smoked (or chewed) tobacco or used nicotine replacement or smoked any other substance during the last 12 months? Y N

If yes, what type(s) and daily quantity?

Full name of Life Assured

Signature of Life Assured Date

I hereby acknowledge the above declaration.

Full name of Policy Owner

Signature of Policy Owner Date

Full name of Policy Owner

Signature of Policy Owner Date

3. Witnessed by

To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family.

Full name of Witness

Signature of Witness Date

Address of Witness

Occupation of Witness

Please return the original copy of this declaration to our offices at the address below.