

Tobacco Use Questionnaire

This questionnaire must be completed by the Life Insured in his / her own handwriting.

Print Name of Life Insured

1. When did you stop smoking?

2. Did you cease smoking on your doctor's recommendation?

3. Please elaborate on your previous and present use of tobacco? **(i.e. amount used)**

Pipe	
Cigarettes	
Cigars	
Cigarillos	
Snuff	
Chewing	
Nicorettes	
Cannabis (Marijuana, Hashish)	

I understand that this declaration is a material part of this application and will be relied upon by the Company in determining whether I qualify for the plan of insurance applied for. I further understand this declaration is a material statement, without which the policy applied for would not be issued to me, and that if it is issued the Company will rely upon its accuracy in issuing the policy.

I hereby represent, to the best of my knowledge and belief, that all answers to the above questionnaire are complete and true, and I agree that they shall form part of the application and become part of any contract of insurance issued as a result of such application.

Dated at _____ this _____ day of _____ year

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Signature of Witness

Signature of Life Insured