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## Non Smoking Declaration

### 1.0 Life assured's details

#### Name of life assured

Mr First name

Mrs Middle name(s)

Miss Surname

Other Male Female Date of Birth

### 2.0 Personal statement

Please indicate below by ticking the applicable box if you smoked tobacco or used any of the listed substances within the last 12 months?

|   |     |    |
|---|-----|----|
| Have you smoked more than one cigarette, one cigar or one pipe per month                        | Yes | No |
| Have you smoked a Hookah/Shisha (nicotine based or non-nicotine based) more than once per month | Yes | No |
| Have you used any electronic cigarettes or vapour   | Yes | No |
| Have you used any nicotine patches or nicotine gum  | Yes | No |

### 3.0 Declaration

I/we declare and agree that the information provided in this Non Smoking Declaration, whether in my/our handwriting or not, is true and complete and I/we have not withheld or misstated any material fact.

Signature of life assured

Date

Policy owners to acknowledge the above declaration.

#### Name of policy owner 1

Mr First name

Mrs Middle name(s)

Miss Surname

Other

OR Company name

Signature/authorised signature of first policy owner

Date

#### Name of policy owner 2 (if applicable)

Mr First name

Mrs Middle name(s)

Miss Surname

Other

OR Company name

Signature/authorised signature of first policy owner

Date

#### Name of policy owner 3 (if applicable)

Mr First name

Mrs Middle name(s)

Miss Surname

Other

OR Company name

Signature/authorised signature of first policy owner

Date

#### Name of policy owner 4 (if applicable)

Mr First name

Mrs Middle name(s)

Miss Surname

Other

OR Company name

Signature/authorised signature of first policy owner

Date