

Please print or type all information

Proposed insured _____

Date of birth _____

Identification Number _____

1. Do you use any of the following?

	Yes	No	Quantity per day?	How many years?
a. Cigarettes				
b. Cigars, cigarillos				
c. Pipe				
d. Chewing tobacco				
e. Nicotine				
f. Other: (please specify, e.g. marijuana, hashish, snuff, etc.)				

2. If you have been a user in the past:

a. When did you quit using? _____ Date: _____

b. How much of the above did you use per day? _____

c. Why did you quit?

i. Medical reasons? _____ If yes, please give full details including dates, names and addresses of physicians consulted:

ii. Other reasons? Please specify: _____

I understand that this declaration is a material part of this personal fact sheet and will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this personal fact sheet, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the personal fact sheet.

Dated at _____ this _____ day of _____ (month, year)

Witness _____ Signed _____
(Proposed insured)