

**To be completed by the proposed insured**

Last name		First name		Date of birth			File number	
				Y	M	D		
Agent (name)		Code		S.U.	Agency			Code

**1** Have you used any kind of tobacco in the past twelve months, including nicotine or tobacco products (gum, patch, etc.)?  Yes  No

**2** Have you ever used tobacco?  Yes  No

If yes: A) When did you quit? \_\_\_\_\_  
Date (or since when?)

B) Did your physician advise you to quit smoking?  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the above information is complete and true and is part of the application for insurance at non-smoker rates submitted to Industrial Alliance Insurance and Financial Services Inc. or Industrial Alliance Pacific Insurance and Financial Services Inc.

\_\_\_\_\_  
Date Signature of proposed insured Signature of applicant