

APPLICANT INFORMATION

NAME OF APPLICANT _____ DATE OF BIRTH _____
DAY MONTH YEAR

DETAILS

1. Do you presently use alcoholic beverages? YES NO If YES, please complete the following:

		Beer	Wine	Liquor
QUANTITY:	Daily			
	Weekly			
	Monthly			

When did you have your last drink?

2. Did you ever drink more than you do at the present? YES NO If YES, please complete the following:

Dates: From _____ to _____

		Beer	Wine	Liquor
QUANTITY:	Daily			
	Weekly			
	Monthly			

Why did you change your drinking habits?

3. Have you ever received treatment or been advised to seek medical treatment because of alcohol usage? YES NO
 If YES, indicate dates, names and addresses of any doctors, hospitals or treatment centers:

Have you consumed any alcohol since treatment? YES NO If YES, please provide details:

4. Are you or have you ever been a member of Alcoholics Anonymous or a similar support group? YES NO
 Have you consumed any alcohol since joining Alcoholics Anonymous? YES NO
 If YES to either of these questions, please provide details:

5. Have you ever had any driving violations under the influence of alcohol? YES NO If YES, please provide details including dates for each occurrence.

6. Please add any additional information you feel is important.

AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

_____ DATE _____ SIGNATURE OF INSURED _____

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8, TEL: 1-888-997-9965, FAX: 1-888-985-3872