

## APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DAY MONTH YEAR

## DETAILS

1. Have you used any tobacco or nicotine products including cigarettes, cigarillos, colts, cigars, pipes, chewing tobacco, snuff, e-cigarettes, nicotine gum or patches, or any form of nicotine substitute?

(a) In the last 12 months?  YES  NO If YES, please complete the following:

Type	Amount	Frequency

(b) In the last 2 years?  YES  NO If YES, please complete the following:

Type	Amount	Frequency

(c) In the last 5 years?  YES  NO If YES, please complete the following:

Type	Amount	Frequency

2. When did you start smoking? \_\_\_\_\_ When did you last use ANY form of tobacco products? \_\_\_\_\_  
 Date (mm/dd/yyyy): \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
 How many cigarettes did you smoke on average per day before you quit? \_\_\_\_\_

3. Have you ever been advised by a doctor to give up smoking?  YES  NO If YES, provide details:  
 \_\_\_\_\_

## 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. I am aware that The Wawanesa Life Insurance Company is relying on the representations which I have made in this declaration in order to classify me as a "Non-Smoker", and to reduce the premiums which I am paying on my life insurance policy(s). I am further aware that **in the event I have misrepresented my status as a "Non-Smoker", whether done intentionally or not, The Wawanesa Life Insurance Company will be entitled to void my life insurance policy(s).**

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**  
**TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com**