

Application/Policy no.



Non-smoking declaration

1. Life Assured

Title: **First name:** **Middle name(s):** **Surname:**

Date of Birth:

2. Declaration

I declare that I have permanently stopped smoking and have given up smoking for 12 months or more.

Date I last smoked a tobacco cigarette

Full name of Life Assured: **Signature of Life Assured:** **Date:**

I hereby acknowledge the above declaration.

Full name of Policy Owner: **Signature of Policy Owner:** **Date:**

Full name of Policy Owner: **Signature of Policy Owner:** **Date:**

Full name of Policy Owner: **Signature of Policy Owner:** **Date:**

2. Witnessed by

To be witnessed by someone other than a member of the Life Assured's or Policy Owner's family.

Full name of witness: **Signature of witness:** **Date:**

Address of witness:

Occupation of witness:

Please return the original copy of this declaration to our offices at the address below.

AIAUW-016-03