

Non-Smoker Declaration

You should fill out this form if you have ceased smoking and you would like your policy to reflect this.

If you have any questions please call our Customer Relationship Team on **0800 500 108**, between 8.00am and 6.00pm, Monday to Friday.

1. Policy/Plan details

Policy/Plan number(s)

Name of Life Assured

| | |
|-----------|---------------|
| Last Name | First Name(s) |
|-----------|---------------|

2. Your declaration and signature

I declare that:

I have not smoked within the previous 12 months and have no intention of restarting.

I understand that not all policies have separate premium rates for smokers and non-smokers and that my premiums will only be adjusted if this declaration is applicable to my policy.

I request that premiums be adjusted on the above policy number, if applicable, to reflect the change in my smoking status.

I understand that non-smoker premium rates are calculated on the assumption that the Life Assured has not smoked within the 12 months prior to the date of this declaration.

I understand that my policy may be cancelled or avoided by Sovereign at any time in the event of an incorrect statement of smoking status in this declaration and if my policy is avoided, all premiums and benefits may be retained by Sovereign.

Name

Signature of Life Assured

| | | |
|--|-------------|-----|
| | Date | / / |
|--|-------------|-----|

3. Returning your form

Please check that all details are correct, then return this form to Private Bag Sovereign, Auckland Mail Centre 1142. If you have any questions please call our Customer Relationship Team on **0800 500 108**, between 8.00am and 6.00pm, Monday to Friday.



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