NICOTINE USAGE QUESTIONNAIRE

Name of Life Insured (first, middle, last)			Date of Birth (dd/mmm/yy)		Applica	Application #	
Do you presently or have you in	the past use	ed any of the follov	ving product	S:			
Cigarettes						○ yes	O no
e-cigarettes						○ yes	O no
Cigarillos						○ yes	○ no
Large cigars						○ yes	○ no
Small cigars (approximate diameter of cigarettes)						○ yes	○ no
Pipe						○ yes	○ no
Chewing tobacco						○ yes	○ no
Snuff						○ yes	○ no
Smoking cessation products such as Zyban, nicotine patches or nicotine gum						○ yes	○ no
Tobacco substitutes such as betel nuts, betel leaves, supari, paan, gutka or shisha						○ yes	○ no
Any other product containing nicotine						\bigcirc yes	\bigcirc no
If you answer "yes" to any of the	above, plea	se provide details k	pelow:				
		Frequency				One time us	
Type Quantit		(daily, weekly, mo	nthly, yearly)	(or within last 1	1, 2 or 15 yrs) Please provide date		de date:
Have you ever been advised to cease consumption of these products? yes one							
in yes, pieuse uuvise by whom, w	Tierrana rea						
Declaration, Authorization 8	Signature	es					
I hereby declare that the above policy requested.	answers are	e complete and tru	ie, and agree	that they shall	form part o	of my applicat	ion for the
Signature of Life Insured					Date (dd/mmm/yy)		
Signature of witness					Date (dd/mmm/yy)		
	Do you presently or have you in Cigarettes e-cigarettes Cigarillos Large cigars Small cigars (approximate diamed Pipe Chewing tobacco Snuff Smoking cessation products such as better Any other product containing nice. If you answer "yes" to any of the Type Have you ever been advised to coll fyes, please advise by whom, we policy requested. Signature of Life Insured X	Do you presently or have you in the past use Cigarettes e-cigarettes Cigarillos Large cigars Small cigars (approximate diameter of cigare Pipe Chewing tobacco Snuff Smoking cessation products such as Zyban, Tobacco substitutes such as betel nuts, betel Any other product containing nicotine If you answer "yes" to any of the above, pleat Type Quantity Have you ever been advised to cease consulf yes, please advise by whom, when and reat If yes, please advise by whom, when and reat Declaration, Authorization & Signature I hereby declare that the above answers are policy requested. Signature of Life Insured	Do you presently or have you in the past used any of the follow Cigarettes e-cigarettes Cigarillos Large cigars Small cigars (approximate diameter of cigarettes) Pipe Chewing tobacco Snuff Smoking cessation products such as Zyban, nicotine patches of Tobacco substitutes such as betel nuts, betel leaves, supari, para Any other product containing nicotine If you answer "yes" to any of the above, please provide details to a Company of the above, please provide details to the company of the above of the provided and the product of the product of the provided and the provided and the product of the provided and the provid	Do you presently or have you in the past used any of the following product Cigarettes e-cigarettes Cigarillos Large cigars Small cigars (approximate diameter of cigarettes) Pipe Chewing tobacco Snuff Smoking cessation products such as Zyban, nicotine patches or nicotine gu Tobacco substitutes such as betel nuts, betel leaves, supari, paan, gutka or s Any other product containing nicotine If you answer "yes" to any of the above, please provide details below: Type Quantity Frequency (daily, weekly, monthly, yearly) Have you ever been advised to cease consumption of these products? Or selection of the products of the product of the products of the product of the produ	Do you presently or have you in the past used any of the following products: Cigarettes e-cigarettes Cigarillos Large cigars Small cigars (approximate diameter of cigarettes) Pipe Chewing tobacco Snuff Smoking cessation products such as Zyban, nicotine patches or nicotine gum Tobacco substitutes such as betel nuts, betel leaves, supari, paan, gutka or shisha Any other product containing nicotine If you answer "yes" to any of the above, please provide details below: Type Quantity Frequency (daily, weekly, monthly, yearly) Or within last 1 Have you ever been advised to cease consumption of these products? yes ono If yes, please advise by whom, when and reason: Declaration, Authorization & Signatures I hereby declare that the above answers are complete and true, and agree that they shall policy requested. Signature of Life Insured	Do you presently or have you in the past used any of the following products: Cigarettes e-cigarettes Cigarillos Large cigars Small cigars (approximate diameter of cigarettes) Pipe Chewing tobacco Snuff Smoking cessation products such as Zyban, nicotine patches or nicotine gum Tobacco substitutes such as betel nuts, betel leaves, supari, paan, gutka or shisha Any other product containing nicotine If you answer "yes" to any of the above, please provide details below: Type Quantity Frequency (daily, weekly, monthly, yearly) Or within last 1, 2 or 15 yrs) Have you ever been advised to cease consumption of these products? yes no If yes, please advise by whom, when and reason: Declaration, Authorization & Signatures I hereby declare that the above answers are complete and true, and agree that they shall form part opolicy requested. Signature of Life Insured Date (dd/mm	Do you presently or have you in the past used any of the following products: Cigarettes

