

DEFERRED NON-SMOKER RATE CHANGE REQUEST

This form can be used to request a change to non-smoker rates for a Life Insured that has attained insurance age 18.

The request must be submitted within the period starting 60 days before and ending 60 days after the policy anniversary nearest the Life Insured's 18th birthday.

To request a change to non-smoker rates for reasons other than exercising the deferred non-smoker provision, the Life and Health Policy Change and/or Reinstatement Application (C-0048) must be completed.

Name of Life Insured (first, middle, last)	Date of birth (dd/mmm/yy)
Name of Owner(s) (first, middle, last or legal name of corporation/entity)	
Policy number(s)	

DECLARATION, ACKNOWLEDGEMENT AND SIGNATURES	
I declare that in the past 12 months, I have not used more than 12 large cigars, or used any other tobacco, cigarette, e-cigarette, cigarillo, a pipe, chewing tobacco, nicotine patches or gum or betel nuts. This is a true statement that can be relied on by Empire Life.	
Signature of Life Insured X	Date (dd/mmm/yy)
The Life Insured has attained insurance age 18, please change to non-smoker rates. I understand that any change to non-smoker rates is based on the above declaration being true. If the above declaration is untrue, smoker rates will be charged as of the date of the change to non-smoker rates.	
Signature of Owner(s) X	Date (dd/mmm/yy)