

SUPPLEMENTAL PREFERRED QUESTIONS

Policy number

1. Name of Life Insured (first, middle, last)	Date of birth (dd/mmm/yy)
---	---------------------------

2. Within the last 15 years, have you used any tobacco, nicotine or non nicotine products such as: cigarettes, cigarillos, pipes, small cigars, large cigars, e-cigarettes, betel nuts, marijuana, hashish, nicotine patch, nicotine gum, chewing tobacco, snuff or other form of tobacco products? **If yes, provide details below.** yes no

Type	Quantity	Frequency (daily, weekly, monthly, yearly)	Date last used (or within last 1, 2 or 15 years)	One time use? (provide date)

3. Have any of your biological parents, brothers or sisters, whether living or dead, ever suffered from or been diagnosed with, any of the following conditions? **If you answer "yes" to any of the following conditions, complete the section below.**

<ul style="list-style-type: none"> • Diabetes • Cancer • High blood pressure • Stroke • Heart disease • Polycystic Kidney disease 	<ul style="list-style-type: none"> • Kidney Disorder • Huntington's Chorea • Alzheimer's Disease • Motor Neuron Disease including but not limited to ALS (Amyotrophic Lateral Sclerosis) or Lou Gehrig's Disease 	<ul style="list-style-type: none"> • Parkinson's Disease • Mental illness • Suicide • Multiple Sclerosis • Hepatitis • Any other inherited disease 	<input type="radio"/> yes <input type="radio"/> no	
Relationship to Insured	Illness (If cancer, indicate type)	Age at onset of illness	Age if living	Age at death
Relationship to Insured	Illness (If cancer, indicate type)	Age at onset of illness	Age if living	Age at death

4. Have you ever decided to or been advised to decrease consumption of alcohol or drugs; or been treated for or joined an organization because of alcohol or drug use? **If yes, provide dates of treatment:** yes no

5. Have you had TWO or more moving traffic violations in the past 3 years? **If yes, provide details including type and dates:** yes no

6. Have you been charged with DUI/Careless/Reckless driving or has your driver's licence been suspended or revoked in the past 10 years? **If yes, provide type of violation and dates:** yes no

I hereby declare the above answers are complete and true, and agree that they shall form part of the policy indicated above.

Signature of Life Insured X	Date (dd/mmm/yy)
Signature of Witness X	Date (dd/mmm/yy)

