
NON SMOKER QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Have you smoked cigarettes within the past 12 months? Yes No

2. Have you ever smoked cigarettes? Yes No

If yes, when did you last quit smoking? _____

How many cigarettes did you smoke on average per day before you quit? _____

3. Do you or have you in the past 12 months used tobacco in any form? Yes No If yes, please give details:

4. Have you ever been advised by a doctor to give up smoking? Yes No If yes, please give details:

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

Witness

Proposed Insured