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**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