



**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 declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured  X