



Canada LifeTM

**Ordre des comptables agréés du Québec
Non-Smoker Questionnaire**

*N.B.: You are considered a non-smoker only if you have not used tobacco products in the last **12 months**.*

Name of member	Policy number
	G12

- | | Member | Spouse |
|---|--|--|
| 1. Do you presently use tobacco products in any form? (Includes nicotine gum, nicotine patches or marijuana.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If yes, indicate type and amount . | | |
| 3. If no, have you ever used any? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If yes, give date stopped and reason . | | |

I understand that, as contemplated by statute, any material misrepresentation or non-disclosure in the answers to the questions in the Non-Smoker Questionnaire shall render coverage voidable by the insurer.

I understand the above and the statements and answers recorded above are given by me and are, to the best of my knowledge and belief, complete and true.

Date	Signature of member	Date	Signature of spouse
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