

NON-SMOKING DECLARATION

Name of insured: _____

Address of Insured: _____

Address

City

Prov.

Postal Code

Date of birth: _____

Group number(s): _____ Account # _____ PID # _____

1. Have you used any tobacco products at any time during the last twelve (12) months? Yes No

Tobacco products include: cigarettes, cigarillos, mini-cigars, pipe smoking, chewing tobacco nicotine gum or patch, marijuana or hashish

I, _____, of the city of _____

in the province of _____, declare and certify:

That I am aware Co-operators Life Insurance Company ("The Company") is relying on the representations which I have made in this declaration in order to classify me as a "Non-Smoker", and to reduce the premiums which I am paying on my life insurance policy(s) (or change my dividend classification to "Non-Smoker"); and, I am further aware that in the event I have misrepresented my status as a "Non-Smoker", whether done intentionally or not, The Company will be entitled to void my life insurance policy(s).

Signature of witness: _____

Signature of insured: _____

Date: _____

Send **white** copy to:
The Co-operators, 1920 College Avenue, Regina, SK, S4P 1C4.

Retain **yellow** copy for your records.