

NON SMOKING DECLARATION

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your application. Please print.

PART A YOUR DETAILS

Surname: _____ Date of birth: _____

Policy owner: _____ Policy number: _____

PART B QUESTIONNAIRE

1. During the last twelve months, have you smoked tobacco or any other substance in any form?

If yes, please state type and quantity per day:

Yes

No

2. Have you ever smoked tobacco regularly in the past?

If yes, please give details and reason for stopping and date that you stopped.

Yes

No

PART C DECLARATION

I declare that the answers given are true and correct.

Your signature: _____ Date: _____

Please return completed form to IA Life via one of the following methods:



Scan and email (with your name and policy number as the subject line) to customerservice@ialife.com.au



Mail to **PO Box 471, Seaforth NSW 2092**