

## No Smoking Declaration

Policy number	
Name of life assured	Date of birth / /

### 1.0 Declaration

I declare that I have permanently stopped smoking and have given up smoking for 12 months or more.

**Date I last smoked:**

Name of life assured	Signature of life assured	Date / /
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I hereby acknowledge the above declaration.

Name of policy owner	Signature of policy owner	Date / /
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Name of policy owner	Signature of policy owner	Date / /
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Name of policy owner	Signature of policy owner	Date / /
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### 2.0 Witnessed by

To be witnessed by someone other than a member of the life assured's or policy owner's family.

Name of witness	Signature of witness	Date / /
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Address of witness
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Occupation of witness
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❖ **Please return the original copy of this declaration to our offices at the address on the back of this page.**