

Supplementary declaration re: smoking habits (Forming a part of an application for insurance)



Please PRINT clearly.

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

Contract number

Member name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Member ID number	Name of spouse (if applicable)	

Please tick off the appropriate box.

- | | Member | Spouse (if applicable) |
|--|--------------------------|--------------------------|
| 1. I certify as true fact that I have not used tobacco products during the 12 month period immediately preceding the date written below beside my signature. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I certify as true fact that I have used tobacco products during the 12 month period immediately preceding the date written below beside my signature. | <input type="checkbox"/> | <input type="checkbox"/> |

I understand and agree that the premiums charged for my (or my spouse's) coverage are based in part on the statements given by me (or my spouse) on this form. I certify that the statements are accurate, true and complete in all respects. In the event that any such statement is inaccurate, untrue or incomplete in any respect, I understand and agree that all coverage is voidable by the insurer. I further agree that in such event the insurer's liability is limited to paying to the designated beneficiary/beneficiaries the amount of any premium I paid for insurance coverage.

Member's signature X	Date (yyyy/mmm/dd)
Spouse's signature (if applicable) X	Date (yyyy/mmm/dd)

940-3300 (03-05)

White - Employer Yellow - Employee Pink - Spouse (if applicable)

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