

## SMOKING HABIT QUESTIONNAIRE

Name of Applicant \_\_\_\_\_

1. Have you ever smoked?  Yes  No
2. Do you currently smoke?  Yes  No
  - A. What do you smoke?  Filtered cigarette  
 Unfiltered cigarette  
 Cigar  Pipe
  - B. What is your consumption per day?  
If cigarette/cigar, number of sticks \_\_\_\_\_ number of cigars \_\_\_\_\_  
If Pipe, number of refill \_\_\_\_\_
  - C. How many years have you been smoking? \_\_\_\_\_
3. Have your habits with regard to the above changed substantially during the past 5 years?  
 Yes  No
4. Have you ever consulted, been advised by or even been actively treated by any doctor regarding your smoking habit?  
 Yes  No  
If yes, please indicate dates of consultation and the names and addresses of attending physician.  
\_\_\_\_\_  
\_\_\_\_\_

*I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form part of the application to the Manulife Chinabank Life Assurance Corporation for insurance on my life.*

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent