

**AMERICAN HERITAGE LIFE INSURANCE COMPANY  
JACKSONVILLE, FLORIDA**

**NON-SMOKING STATEMENT**

**SUPPLEMENT TO THE APPLICATION**

\_\_\_\_\_  
Proposed Insured

\_\_\_\_\_  
Birthdate

INDICATE BY CHECKING APPROPRIATE BOX WHICH OF THESE STATEMENTS IS TRUE:

- I HAVE NOT SMOKED ONE OR MORE CIGARETTES IN THE PAST TWELVE (12) MONTHS AND DO NOT INTEND TO SMOKE IN THE FUTURE.
- I HAVE NOT USED ANY TOBACCO PRODUCTS IN THE PAST TWELVE (12) MONTHS AND DO NOT INTEND TO USE ANY TOBACCO PRODUCTS IN THE FUTURE. TOBACCO PRODUCTS INCLUDES BUT IS NOT LIMITED TO CIGARETTES, CIGARS, PIPE, SNUFF OR CHEWING TOBACCO.

I HEREBY REPRESENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE ABOVE STATEMENT IS COMPLETE AND TRUE, AND I AGREE THAT THIS STATEMENT SHALL FORM A PART OF THE APPLICATION AND BECOME A PART OF ANY CONTRACT OF INSURANCE ISSUED AS A RESULT OF SUCH APPLICATION.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Witness