

**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