

LIFE INSURANCE COMPANY OF ALABAMA
P.O. Box 349
Gadsden, Alabama 35902

TOBACCO USE QUESTIONNAIRE

Proposed Insured	Birthdate	
	YES	NO
A. Are you now a tobacco user?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been a tobacco user and quit?	<input type="checkbox"/>	<input type="checkbox"/>
C. Did you quit within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
1 year to 2 year ago?	<input type="checkbox"/>	<input type="checkbox"/>
more than 2 year ago?	<input type="checkbox"/>	<input type="checkbox"/>
D. Did, or do you smoke more than one pack daily?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby state that to the best of my knowledge and belief, that all statements and answers to the above questions are complete and true. I agree that they shall form a part of my application for insurance dated _____.

Dated at _____ this _____ day of _____, 20_____.

Signature of Agent	Signature of Proposed Insured
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* Tobacco - Cigarette smoker, cigar smoker, dip, or chew.