



PINNACLE LIFE



PINNACLE LIFE
PO Box 1471
Auckland 1140

NON-SMOKER DECLARATION

Fold last and seal down

Once you have been smoke free and have not smoked tobacco or any other substance for 12 consecutive months, you can complete this statement and return it to Pinnacle Life Ltd to make the change on your policy

Full name of life assured

First name(s)	Surname	Policy number (s) for which this authority applies
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Declaration

This statement is to confirm that I, _____, have given up smoking. I have not smoked tobacco or any other substance since _____ and therefore wish to be assessed as a non-smoker for my insurance premiums.

Fold up first

Signature

Date

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Please check that all details are correct, then return this form to Pinnacle Life Ltd, Freepost 114353, PO Box 1471, Auckland 1140; fax it to 0800 746 777 or scan and email it to ask@pinnaclelife.co.nz.

If you have any questions, please call our Customer Service Team on 0800 22 22 23.