



Trinity Life Insurance Company

7633 East 63rd Place, Suite 230

Tulsa, OK 74133

Phone: (918) 249-2438 Fax: (918) 249-2478

CIGARETTE SMOKING QUESTIONNAIRE

PROPOSED INSURED: _____ BIRTHDATE _____

1. Are you now a cigarette smoker? YES NO
2. Have you ever been a cigarette smoker and quit? YES NO
3. If yes, when did you quit? Month: _____ Day: _____ Year: _____
4. Did, or do, you smoke more than one pack daily? YES NO
5. Do you use tobacco in any other form? YES NO

I hereby represent, to the best of my knowledge and belief, that all answers to all the above questions are complete and true, and I agree that they shall form a part of the application and become a part of the application and become a part of any contract of insurance issued as a result of such application.

Dated at: _____ Date: _____

Signature of Agent

Signature of Proposed Insured