

INDIANAPOLIS LIFE INSURANCE COMPANY
P.O. BOX 1230
Indianapolis, Indiana 46206

NON-TOBACCO DECLARATION

IN CONTINUATION OF AND FORMING A PART OF THE APPLICATION FOR INSURANCE ON

INSURED _____ UNDER POLICY _____
(printed name) (policy number)

I HEREBY REPRESENT THAT I DO NOT NOW USE TOBACCO IN ANY FORM AND I HAVE NOT USED TOBACCO IN ANY FORM DURING THE PAST YEAR. I UNDERSTAND THAT INDIANAPOLIS LIFE INSURANCE COMPANY WILL RELY UPON THIS DECLARATION IN ITS DECISION TO CHANGE MY POLICY RATES FROM "TOBACCO USER" TO "NON-TOBACCO USER" RATES.

INSURED: _____
(signature)

SIGNED AT _____ this _____ day of _____ 20____
(city and state) (month) (yr)

THE ABOVE DECLARATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

POLICYOWNER: _____
(signature if other than the Insured)

SIGNED AT _____ this _____ day of _____ 20____
(city and state) (month) (yr)