



Unity Life of Canada

# PREFERRED RISK CLASSIFICATION QUESTIONNAIRE

Name of Applicant \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(The answers and information provided below together with the answers and information on the accompanying application will help to determine which "Preferred" class may be applicable.)

1. Have you used any tobacco, nicotine or marijuana products within the 24 months immediately preceding the date of this questionnaire?  Yes  No

2. Have you ever received any treatment for abnormal blood pressure or cholesterol?  Yes  No

(If yes, please circle one of the above, state what treatment was prescribed and when it was started)

Family History	Age If Living	State of Health/ Cause of Death	Age of Death
Father			
Mother			
Brother			
Brother			
Sister			
Sister			

3. Have you had a driver's licence suspended or had three or more moving violations within the:

Past 10 Years?  Past 5 Years?  Past 3 Years?  Or None?

Please indicate type of violations and when occurred: \_\_\_\_\_

I hereby declare that the above information is true and complete and shall form part of my application for life insurance to Unity Life of Canada. I also understand that any material misrepresentation may cause the policy to be void.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Agent

Signature of Proposed Life Insured

Signature of Witness

Signature of Owner  
(if other than Proposed Life Insured)

## Unity Life of Canada

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