WILLIAM PENN LIFE INSURANCE
COMPANY OF NEW YORK

3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 346-4773

Tobacco Questionnaire
Supplement to Application

1. Name of Proposed Insured: _____
(Please Print)

2. Policy Number: _____

3. Have you smoked cigarettes or used tobacco in any other form within the past thirty-six (36) months?
☐ Yes ☐ No

4. If Question 3 is answered "Yes", give full details in the space provided below. An additional sheet of paper may be attached if necessary.

5. Were you advised to stop smoking or using tobacco by a physician as a result of a physical examination, chest x-ray, electrocardiogram, blood test or other diagnostic test (excludes HIV testing)?
☐ Yes ☐ No

6. If Question 5 is answered "Yes", give full details in the space provided below. An additional sheet of paper may be attached if necessary.

The statements contained in this TOBACCO QUESTIONNAIRE, a copy of which shall be attached to and made part of the above-referenced policy, are true to the best of my knowledge and belief.

_____ _____
Signature of Proposed Insured Witness

_____
Date