

Non-smoker's declaration

Application/policy number:
Full name:
Date of birth: / /


I declare that I have not smoked tobacco in any form during the past 12 months and have no intention of smoking tobacco at any time in the future.


Life insured's signature:
Date: / /

This document is issued by Macquarie Life Limited (Macquarie Life) ABN 56 003 963 773 AFSL 237 497. Macquarie Life is not an authorised deposit-taking institution for the purposes of the Banking Act (Cth) 1959, and Macquarie Life's obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542. Macquarie Bank Limited does not guarantee or otherwise provide assurance in respect of the obligations of Macquarie Life.

Macquarie Life


 **Admin/Underwriting** Freecall 1800 005 057


 **Fax Gateway** 1800 812 175

 GPO Box 5216 Brisbane QLD 4001

 insurance@macquarie.com

Claims

 Freecall 1800 208 130

 insuranceclaims@macquarie.com