

AAFMAA No Nicotine Affidavit

Request to reclassify an AAFMAA Level Term I or Value-Added Whole Life insurance policy as non-nicotine.

Please PRINT clearly in blue or black ink.

| | |
|-----------------------|------------------------|
| 1. INSURED | Policy number |
| Name (Last, First MI) | Social Security Number |

| | |
|--|---------------------------------|
| 2. SIGNATURE | |
| I hereby certify that I have not used any cigarettes, cigars, pipes, snuff, chewing tobacco, nicotine gum or other nicotine delivery system in the last 12 months. | |
| Signature | Date Signed (mm/dd/yyyy) / / |

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