

No Nicotine Affidavit



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

If you have questions, contact Policy Services at 1-800-336-4538.

1. INSURED	
Name (<i>Last, First MI</i>)	Policy Number
	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.	
Insured Signature	Date Signed (<i>mm/dd/yyyy</i>) / /

When completed, email to: PolicyServices@aafmaa.com or fax to: 1-888-210-4882.