QUALIFICATION QUESTIONNAIRE

Insured Information:

Insured's Full Name: _____

Date of Birth: _____ Birth State: _____ Social Security Number: _____

Driver's License: _____ Driver's License Expiration Date: _____

Home Address: _____

Email: _____ Phone: _____

Is the insured a child? □ Yes □ No *(If yes, parent must complete owner information section)*

Owner Information *(If different from Insured)*:

Will there be multiple owners? □ Yes □ No

Owner's Full Name: _____

Date of Birth: _____ Birth State: _____ Social Security Number: _____

Driver's License: _____ Driver's License Expiration Date: _____

Home Address: _____

Email: _____ Phone: _____

Employment

Work Name and Address: _____

How long employed with employer: _____ Your Title: _____

Current Annual Income: _____

Medical

Doctors Name and Address: _____

Date last seen by doctor: _____ Reason and Result of visit: _____

Height: _____ Weight: _____ Any health issues or surgeries in the last 5 years: □ Yes □ No

If yes, please list: _____

_____

Any driving citations in the last 5 years? □ Yes □ No If yes, for what? _____

Medications:	Dosage:	Diagnosis:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a smoker? □ Yes □ No If yes, how long? _____

Beneficiaries

Primary Beneficiary (1): _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Primary Beneficiary (2): _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Contingent Beneficiary (1): _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Contingent Beneficiary (2): _____ Relationship: _____

Date of Birth: _____ Social Security Number: _____

Banking Information

Name of Bank: _____

Routing Number: _____ Account Number: _____

Desired Monthly Withdrawal Date: _____ *(Choose a date between 1st and 28th)*

Family History *(This part should be completed only if the application is non-medical).*

	Deceased	Age	Health Concerns/Diagnosis
Father	□ Yes □ No	_____	_____
Mother	□ Yes □ No	_____	_____
Brother	□ Yes □ No	_____	_____
Brother	□ Yes □ No	_____	_____
Sister	□ Yes □ No	_____	_____
Sister	□ Yes □ No	_____	_____