



Life Insurance Questionnaire

Agent Name _____

Phone Number _____ Email Address _____

Client Name _____

Date of Birth _____ State _____ Nicotine Status _____

Gender: Male Female

Health Class: Preferred Best Preferred Standard Plus Standard Preferred Tobacco Standard Tobacco

Hobbies (Pilot, Travel outside the US): _____

Medical Problems _____

Medications and Dosage _____

Primary insurance objective _____

Cash Value important? _____ Guaranteed death benefit important? _____

Interested in a long-term care rider? _____ Other living benefits? _____

Death benefit amount _____ Premium amount _____

Premium mode _____ 1035 exchange amount _____

Lump sum addition _____

Product type: Universal Life Whole Life Variable Universal Life Survivorship Universal Life
 Variable Survivorship Life

Assumed rate if variable _____

Term: 5 10 15 20 30

Fax completed form to SBG: 763-522-6251