Client Application Info

5 Qualifying Questions

1) DOB & Age: Applicant 1: Applicant 2:

2) Hgt & Wgt: Applicant 1: Applicant 2:

3) Tobacco Status: Applicant 1: N/T or Tob; If Tob, what kind? Applicant 2: N/T or Tob; If Tob; what kind?

4) Medications now & past, as far back as they can remember:

Applicant 1: Applicant 2:

5) Health Conditions now & past (Include Operations & Procedures) as far back as they can remember:

Applicant 1: Applicant 2:

Section 1: Coverage Options

Applying for: (Circle One) Life IUL Medicare 403b Cancer Heart Attack Stroke Hospital

Carrier & Details of Plan: ____

Section 2: Applicant Info

Applicant 1:

First Name:_________________ **M.I.**___ **Last:**________________ **Male or Female? Marital Status**:_________ **DOB**______________

Hm Add:___________________________**Cty**:________________**St**:____ **Zip**:_______**SSN**:__________________**Ph**:_________________

Drivers Lic #:___________________ **DL St**:_____ **Other ID Type & #:**___________________ **ID Iss St & Country**:__________________

Citizenship: U.S. Citizen Perm Res Other **Other, type**:__________________**Ann Income**:_____________**Household Inc**: _____________

Employed? Y N **Employer**:_________________ **Occupation/Duties**:________________ **Years**:______ **Email**:______________________

Applicant 2:

First Name:_________________ **M.I.**___ **Last:**________________ **Male or Female? Marital Status**:_________ **DOB**______________

Hm Add:___________________________**Cty**:________________**St**:____ **Zip**:_______**SSN**:__________________**Ph**:_________________

Drivers Lic #:___________________ **DL St**:_____ **Other ID Type & #:**___________________ **ID Iss St & Country**:__________________

Citizenship: U.S. Citizen Perm Res Other **Other, type**:__________________**Ann Income**:_____________**Household Inc**: _____________

Employed? Y N **Employer**:_________________ **Occupation/Duties**:________________ **Years**:______ **Email**:______________________

Section 3: Owner Information (If different from applicant)

First Name:___________________ **M.I.**___ **Last Name**:__________________ **Relationship**:______________ **Date of Birth**:__________________

Home Address:__________________________ **City**:________________ **St**:____ **Zip**:________ **SSN**:__________________ **Ph**:_________________

Drivers Lic #: ___________________ **DL Issue St**:_____ **Other ID Type & #**: ___________________ **ID Issue St & Country**: __________________

Citizenship Status: U.S. Citizen Permanent Resident Other **If Other, list type**: __________________ **Email**: ___________________________

Section 4: Beneficiaries

Name: __________________________ **DOB**: __________ **Relationship**: ___________________ **P or C**: _____ **% of Benefit**: __________

Name: __________________________ **DOB**: __________ **Relationship**: ___________________ **P or C**: _____ **% of Benefit**: __________

Name: __________________________ **DOB**: __________ **Relationship**: ___________________ **P or C**: _____ **% of Benefit**: __________

Name: __________________________ **DOB**: __________ **Relationship**: ___________________ **P or C**: _____ **% of Benefit**: __________

Name: __________________________ **DOB**: __________ **Relationship**: ___________________ **P or C**: _____ **% of Benefit**: __________

Client Application Info

Section 5: Medical Questions

Tobacco or Non-Tobacco? _____ **What kind?** __________________ **Last Used?** _____________ **Frequency?** ________________

Heart Issues: Heart Attack, Heart Disease, Heart Failure, Chest Pain, Irregular Heartbeat, High Blood Pressure, High Cholesterol

Circulatory: Stroke, TIA, Aneurysm, Artery Disease, Vascular Disease **Mental Health:** Anxiety, Depression, Bipolar, Schizophrenia, PTSD

Lungs or Respiratory: Asthma, COPD, Chronic Bronchitis, Emphysema, Tuberculosis, Sleep Apnea

Immune System: Thyroid Disorder, Blood Disorder, Anemia HIV or AIDS __________ Lupusor Autoimmune Disorder? __________

Cancer: Cancer or Tumors? __________ What kind? _______________ Years Cancer-Free? __________ Re-occurence? _______________

Neurological or Brain: Seizures, Epilepsy, Multiple Sclerosis, Alzheimers, Parkinsons, Dementia, Chronic Headaches

Stomach, Liver, Kidney, Muscles, Bones, Arthritis, Fibromyalgia, Chronic Pain? What kind? ____________________

Any Other Conditions? ____

Mom alive? Yes No If Yes, current age? ______ If No, cause & age of death? ___________________ _____________________________

Dad alive? Yes No If Yes, current age? ______ If No, cause & age of death? ___________________ _____________________________

Section 6: Medications

Medication Name	Reason for Medication	Dosage	Frequency	Start Date	Last Taken	Applicant 1	Applicant 2
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

Section 7: Doctor Information

Name:______________________ **Date Last Visit**:_____________ **Reason**:________________________ **Result**:________________________

Address:______________________________ **City**:____________________ **St**:________ **Zip**:____________ **Phone**:___________________

Section 8: Banking Info

Name: _______________________________________ **Routing #**: ___________________ **Account #**: ____________________________

Checking or Savings? First Draft upon approval. If specific date requested for 2nd draft and future drafts, note here: ________________________

Financials (For Annuities or other retirement accounts)

Annual Income: ______________________ **Household Ann Income**: ______________________ **Est Net Worth**: ______________________

Investment Exp (# of Years): Stocks & Bonds _____ Mutual Funds _____ CDs & Money Markets ______ 401k _______ Annuities _______

Investment Objective: Protection Income Growth **Risk Level**: Conservative Moderate Aggressive

Risk Tolerance: (Most Conservative) 1 2 3 4 5 6 7 8 9 10 (Most Aggressive) **Estimated Liquid Net Worth**: _______________

Liquid Assets		Non-Liquid Assets	
Type	**Value**	**Type**	**Value**
Checking		Retiremet Accts(401k,etc)	
Savings		Annuity-Surrender Period	
CD		Real Estate (Investments)	
Annuities-Surrender Free		Real Estate (Primary)	
Stocks/ Bonds/ MF		Other	
Other		Other	
Other		Other	

Liabilities ($ & Types): __________________

Source of Funds (where is money coming from):

____

Tax Bracket: __________

Other Notes: _______________________________

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