

Agent Name: _____ Agent Phone: _____ Agent Email: _____

CLIENT NAME: _____ Date: _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor Type of Coverage: Term UL Survivor UL

Coverage Amount: _____ Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? **If yes, use separate sheet to provide this information, including age of onset and date of death**

PROPOSED INSURED'S EXISTING INSURANCE

| Full Name of Company | Face Amount | Year Issued | Is Policy to be Replaced? |
|----------------------|-------------|-------------|---------------------------|
| | | | |
| | | | |

1. Date(s) of the episode(s)? _____

2. (a) Was it diagnosed Stroke or TIA? (b) Were any of the following studies completed?

Carotid ultrasound Date: _____

Head CT scan or MRI scan Date: _____

Echocardiogram Date: _____

3. Was client hospitalized No Yes; please give details

4. When did client last see their doctor for evaluation? _____

5. Please check any of the of the following that your client has had:

elevated cholesterol Stroke diabetes heart attack

high blood pressure peripheral vascular disease coronary artery disease

6. Has surgery ever been done on any carotid artery(ies)? No Yes; please give details

7. Give the date and result of the most recent blood pressure readings: Date: _____

8. Are there any residuals (limitation of movement, speech, or vision)? No Yes; please give details

9. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

| (Accurate) Name of Medication | Dosage | Reason |
|-------------------------------|--------|--------|
| | | |
| | | |
| | | |

10. Are there any other health problems? (additional questionnaires may be required) No Yes; please give details

The above information is for preliminary underwriting purposes only and will not be made part of any contract.