

# Information and disclosure authorization

## Important information

### The financial representative signing this form must perform the following:

- Ensure this form is signed by a parent or guardian if the proposed life insured is a juvenile.
- Ensure all appropriate signatures are provided in section 10.
- Complete and sign section 11 to verify the proposed life insured's identity.

### The enclosed questionnaires must also be completed and signed if applicable:

- Aviation questionnaire
- Avocation questionnaire
- Business financials questionnaire

The Company reserves the right to request additional information as necessary.

## 1. Proposed life insured information

Life insured name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Gender:  Male  Female

Alternate name (e.g., maiden name, alias) (if applicable) (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Place of birth (City) \_\_\_\_\_ Country \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Mailing code \_\_\_\_\_

### A. Secondary and/or past residences:

How long have you lived at the above address? \_\_\_\_\_ year(s)

**Provide information for any current secondary residence and previous primary and secondary residences you have had in the past 10 years** (attach additional sheets if necessary).

City	Country	Dates resided at this residence (mm/dd/yyyy)
1. _____	_____	From _____ to _____
2. _____	_____	From _____ to _____
3. _____	_____	From _____ to _____

### B. Future residence:

Yes  No Do you plan to change your current country of residence other than listed above?

If **yes**, provide the following details.

City and country in which you plan to reside: \_\_\_\_\_  
City Country

Reason for your change in residence: \_\_\_\_\_

How long you plan to be at this location? \_\_\_\_\_ year(s)

Yes  No Do you plan to return to your current country of residence?

## 2. Travel information

Yes  No Have you traveled or do you plan to travel outside your current country of residence?

If **yes**, provide the following travel details (attach additional sheets if necessary).

### Past two years

1.	Country	Cities	Frequency of visits
	Duration of stay	Date of last visit (mm/dd/yyyy)	Purpose of travel
2.	Country	Cities	Frequency of visits
	Duration of stay	Date of last visit (mm/dd/yyyy)	Purpose of travel
3.	Country	Cities	Frequency of visits
	Duration of stay	Date of last visit (mm/dd/yyyy)	Purpose of travel
4.	Country	Cities	Frequency of visits
	Duration of stay	Date of last visit (mm/dd/yyyy)	Purpose of travel

### Next two years

1.	Country	Cities	Frequency of visits
	Duration of stay	Date of visit (mm/dd/yyyy)	Purpose of travel
2.	Country	Cities	Frequency of visits
	Duration of stay	Date of visit (mm/dd/yyyy)	Purpose of travel
3.	Country	Cities	Frequency of visits
	Duration of stay	Date of visit (mm/dd/yyyy)	Purpose of travel
4.	Country	Cities	Frequency of visits
	Duration of stay	Date of visit (mm/dd/yyyy)	Purpose of travel

### 3. Occupation information

#### Business/employer information:

Name \_\_\_\_\_

Nature of business \_\_\_\_\_ Occupation and duties \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Website \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Mailing code \_\_\_\_\_

Yes  No Are you a politician, government official, member of any uniformed forces, labor union, member of the judiciary, missionary or a journalist?

If **yes**, provide details including title/rank and description of duties.

### 4. Political exposure information

Yes  No Have you or any close relative ever held a senior position in a government, political party, military tribunal or government-owned corporation?

If **yes**, provide the following details (attach additional sheets if necessary).

1. Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

Organization name \_\_\_\_\_ Country \_\_\_\_\_

**Position tenure:** \_\_\_\_\_ to \_\_\_\_\_  
Start date (mm/dd/yyyy) End date (mm/dd/yyyy) (if applicable)

**Position held:**

- Head of state or head of government
- Member of the executive council of government or member of a legislature
- Deputy Minister (or equivalent)
- Ambassador or ambassador's attaché or counselor
- President of a state-owned company or bank
- Head of a government agency
- Judge
- Leader or president of a political party in a legislature
- Military general (or higher rank)
- Other (identify) \_\_\_\_\_

**Relationship to proposed life insured:**

- Self
- Spouse or common-law partner
- Child
- Mother or father
- Brother, sister, half-brother or half-sister
- Spouse's or common-law partner's parent
- Other close associate \_\_\_\_\_

**4. Political exposure information (continued)**

2. Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

Organization name \_\_\_\_\_ Country \_\_\_\_\_

**Position tenure:** \_\_\_\_\_ to \_\_\_\_\_  
Start date (mm/dd/yyyy) End date (mm/dd/yyyy) (if applicable)

**Position held:**

- Head of state or head of government
- Member of the executive council of government or member of a legislature
- Deputy Minister (or equivalent)
- Ambassador or ambassador's attaché or counselor
- President of a state-owned company or bank
- Head of a government agency
- Judge
- Leader or president of a political party in a legislature
- Military general (or higher rank)
- Other (identify) \_\_\_\_\_

**Relationship to proposed life insured:**

- Self
- Spouse or common-law partner
- Child
- Mother or father
- Brother, sister, half-brother or half-sister
- Spouse's or common-law partner's parent
- Other close associate \_\_\_\_\_

**5. Lifestyle information**

Yes  No **Do you exercise on a regular basis?**  
 If **yes**, provide details including type of exercise, frequency and duration of the activity.

Yes  No **Do you consume alcoholic beverages?**  
 If **yes**, provide details.

\_\_\_\_\_ Beverage types \_\_\_\_\_ Quantity \_\_\_\_\_ Frequency \_\_\_\_\_

If **no**, have you ever consumed alcoholic beverages?  Yes  No

Provide last date and reason stopped: \_\_\_\_\_  
Date (mm/dd/yyyy) Reason

Yes  No **Have you ever used tobacco or nicotine products in any form** (including cigarettes, e-cigarettes, cigars, cigarillos, pipe, hookah, shisha, chewing tobacco, nicotine patches or gum)?  
 If **yes**, provide details.

Product	Amount	Frequency	Current	Past	Date last used (mm/dd/yyyy)
Cigarettes			<input type="checkbox"/>	<input type="checkbox"/>	
Cigars			<input type="checkbox"/>	<input type="checkbox"/>	
Other: (specify)			<input type="checkbox"/>	<input type="checkbox"/>	
Other: (specify)			<input type="checkbox"/>	<input type="checkbox"/>	

**5. Lifestyle information** (continued)

- Yes  No **Have you ever used amphetamines, barbiturates, cannabis (marijuana), cocaine, hallucinogens, opiates or any prescription drug other than as prescribed by a doctor?**
  
- Yes  No **Have you ever been advised to limit or discontinue the use of alcohol or drugs, sought or received treatment or participated in a group for alcohol or drug use?**
  
- Yes  No **Do you participate in aviation activities other than as a passenger on a regularly-scheduled commercial airline?**  
If **yes**, complete and sign the Aviation questionnaire included with this form.
  
- Yes  No **Have you ever participated in hazardous avocations** such as skin or scuba diving, hang gliding, sky diving, parachuting, mountain and/or rock climbing, motor vehicle or power boat racing or any other hazardous activity?  
If **yes**, complete and sign the Avocation questionnaire included with this form.
  
- Yes  No **Have you ever been charged with one of the following offenses in the past 10 years?**
  - Yes  No Driving after consuming alcoholic beverages
  - Yes  No Speeding, improper turn, failure to stop at a light or any other moving violation
  - Yes  No Driving while intoxicated or while otherwise impaired
  - Yes  No At fault for a motor vehicle accident
  - Yes  No Had your driver's license suspended
  - Yes  No Been convicted of a criminal offense

If you answered **yes** to any of the above, provide details below (attach additional sheets if necessary).

1. \_\_\_\_\_  
Charge \_\_\_\_\_ Date of charge (mm/dd/yyyy) \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Details \_\_\_\_\_
  
2. \_\_\_\_\_  
Charge \_\_\_\_\_ Date of charge (mm/dd/yyyy) \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Details \_\_\_\_\_
  
3. \_\_\_\_\_  
Charge \_\_\_\_\_ Date of charge (mm/dd/yyyy) \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Details \_\_\_\_\_
  
4. \_\_\_\_\_  
Charge \_\_\_\_\_ Date of charge (mm/dd/yyyy) \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Details \_\_\_\_\_

**6. Medical information**

**A. Physician information:**

**Personal or attending physician information:** (attach additional sheets if necessary)

\_\_\_\_\_  
Physician name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date last consulted (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_  
Reason for consult \_\_\_\_\_ Diagnosis/result of visit \_\_\_\_\_

\_\_\_\_\_  
Treatment/medication prescribed \_\_\_\_\_

\_\_\_\_\_  
Phone number \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_  
Address (Street) \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ Mailing code \_\_\_\_\_

**6. Medical information** (continued)

**Specialist or other physician information:** (attach additional sheets if necessary)

Physician name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date last consulted (mm/dd/yyyy) \_\_\_\_\_

Degree \_\_\_\_\_ Specialty \_\_\_\_\_

Reason for consult \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Mailing code \_\_\_\_\_

**B. Medications (prescription or non-prescription) you are currently taking:** (attach additional sheets if necessary)

**C. Family health information:**

Yes  No **Have any of your immediate family (parents, brothers or sisters) died of or been diagnosed as having coronary artery disease, cancer, stroke or kidney disease prior to age 60?**

If **yes**, provide details below (attach additional sheets if necessary).

Family member	Age	Medical condition(s) or cause of death
<b>Father:</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	_____	_____
<b>Mother:</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	_____	_____
<b>Brother:</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	_____	_____
<b>Sister:</b> <input type="checkbox"/> Living <input type="checkbox"/> Deceased	_____	_____

**7. Existing and pending insurance information**

**A.** Total existing insurance US \$ \_\_\_\_\_

**B.** Total pending insurance with all companies US \$ \_\_\_\_\_

**C.** Of the amount pending in B, the amount you intend to accept US \$ \_\_\_\_\_

**D.**  Yes  No Have you ever had an application for life or health insurance declined, postponed, rated or offered with a reduced face amount? If **yes**, provide details.

Yes  No Is the purpose of insurance related to business? If **yes**, complete and sign the Business financials questionnaire included with this form.

**7. Existing and pending insurance information** (continued)

**E. Provide details for each existing policy:** (attach additional sheets if necessary)

Company	Type of insurance	Year of issue	Face amount
1. _____ Company name	<input type="checkbox"/> Personal	_____	US \$ _____
_____	<input type="checkbox"/> Group	_____	US \$ _____
_____ Location (country)	<input type="checkbox"/> Business	_____	US \$ _____
2. _____ Company name	<input type="checkbox"/> Personal	_____	US \$ _____
_____	<input type="checkbox"/> Group	_____	US \$ _____
_____ Location (country)	<input type="checkbox"/> Business	_____	US \$ _____
3. _____ Company name	<input type="checkbox"/> Personal	_____	US \$ _____
_____	<input type="checkbox"/> Group	_____	US \$ _____
_____ Location (country)	<input type="checkbox"/> Business	_____	US \$ _____
4. _____ Company name	<input type="checkbox"/> Personal	_____	US \$ _____
_____	<input type="checkbox"/> Group	_____	US \$ _____
_____ Location (country)	<input type="checkbox"/> Business	_____	US \$ _____

**8. Third party information**

Yes  No Are you acting on the instructions of a third party to complete this form?  
If **yes**, provide details below (attach additional sheets if necessary).

Individual name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Company or organization name (if applicable) \_\_\_\_\_ Incorporation number (if corporation) \_\_\_\_\_

Jurisdiction of registration (if corporation) \_\_\_\_\_ Principal business or occupation \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Mailing code \_\_\_\_\_

**9. Financial information**



To attest that the confidential financial information provided in this section is complete, correct and true, appropriate signatures must be provided in section 10.

**A. Source of funds:**

Who will be providing funds for this transaction?

Name (First, MI, Last) (or entity name, if applicable) \_\_\_\_\_ Relationship to proposed life insured \_\_\_\_\_

**B. Personal income statement:**

	Current year-to-date	Last year
Salary	US \$ _____	US \$ _____
Bonus	US \$ _____	US \$ _____
Interest	US \$ _____	US \$ _____
Dividends	US \$ _____	US \$ _____
Rental income	US \$ _____	US \$ _____
Other income	US \$ _____	US \$ _____
<b>Total income</b>	<b>US \$ _____</b>	<b>US \$ _____</b>

**9. Financial information** (continued)

**C. Personal balance statement:**

	<b>Assets</b>
Cash and savings	US \$
Stocks and bonds	US \$
Personal property	US \$
Real estate	US \$
Net business interest	US \$
Other	US \$
<b>Total assets</b>	<b>US \$</b>

	<b>Liabilities</b>
Personal loans	US \$
Margin account	US \$
Loan guarantees	US \$
Mortgages	US \$
Other	US \$
<b>Total liabilities</b>	<b>US \$</b>

**Net worth = Assets – Liabilities** US \$

Yes  No **Have you ever declared bankruptcy?**  
If **yes**, provide details.

**D. Major properties owned:** (attach additional sheets if necessary)

1. \_\_\_\_\_  
Property address (Street)  
\_\_\_\_\_  
City Country Mailing code
2. \_\_\_\_\_  
Property address (Street)  
\_\_\_\_\_  
City Country Mailing code
3. \_\_\_\_\_  
Property address (Street)  
\_\_\_\_\_  
City Country Mailing code

**E. Source of wealth (where you have derived your assets):** (select all that apply)

- Employment income
- Rental income
- Other business/dividend income
- Inheritance
- Other \_\_\_\_\_

**F. Financial references:**

**Bank:**

1. \_\_\_\_\_  
Bank name Account type  
\_\_\_\_\_  
City Country  
\_\_\_\_\_  
Contact name (First) MI Last Contact title  
\_\_\_\_\_  
Phone number Fax number Email address

## 9. Financial information (continued)

2. \_\_\_\_\_  
Bank name \_\_\_\_\_ Account type \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Contact name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Contact title \_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email address \_\_\_\_\_

### Other financial institution:

1. \_\_\_\_\_  
Institution name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Contact name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Contact title \_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email address \_\_\_\_\_

2. \_\_\_\_\_  
Institution name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_  
Contact name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Contact title \_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email address \_\_\_\_\_

**Note:** Detailed financial information must be provided to validate the assets listed above. If banking and financial institution references are not provided, detailed account statements must be provided to verify cash and savings listed as well as copies of stock and/or bond certificates. This information should be accompanied by a cover letter from the client's banker or broker, indicating the length of their relationship and certifying that the information being provided is complete, correct and accurate.

## 10. Signatures and authorizations

\_\_\_\_\_  
Authorized representative name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
\_\_\_\_\_  
Financial institution name \_\_\_\_\_  
\_\_\_\_\_  
Name of contact at financial institution (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

I hereby acknowledge that the personal information obtained via this form and any ancillary forms may be used by the authorized representative named above, as my representative and agent, as the basis for making an application for life insurance coverage on my life. I understand that this form does not constitute an offer of life insurance coverage, nor is it intended to be a solicitation on behalf of any life insurance company.

### My answers on this and other forms:

My answers to the questions on this form and any and all subsequent forms submitted by me or on my behalf relating to obtaining coverage on my life will be used to assess my insurability, provide quotes relating to the cost of providing coverage, and for purposes of risk management and fulfilling the insurers' accounting, auditing, legal and regulatory obligations. I declare that my answers on this form are complete and true to the best of my knowledge and belief. I have given all information that is relevant and that could influence a company's underwriting decision (if unsure whether a particular fact is relevant, it should be disclosed in writing), and I understand failure to provide all relevant information in complete detail may result in benefits being contested by any company which provides me with life insurance coverage.

### Additional information may be considered:

In addition to the information provided in this form, information from other sources may be considered. This information may include results of a physical examination, information from my health care providers, existing databases, and additional forms that I may be asked to complete and sign. If I misrepresented any of the information I provided, I understand that the issuing life insurance company may void any policy issued where such information was relied upon to determine insurability.

**10. Signatures and authorizations** (continued)

**My personal data:**

I further understand, acknowledge and agree that my personal data, including sensitive personal data, may be processed and/or transferred abroad and considered and retained in other countries, notwithstanding that the laws of such countries may not offer a protection equivalent to the protection that currently may be afforded under my home or host country's applicable laws and regulations. Information collected under this authorization will be used by life insurance companies to evaluate and process my application for insurance and/or a claim for benefits, or for reinsurance or other insurance purposes. I understand that the insurers receiving the information provided in this form will ensure that a comparable standard of protection is afforded to personal data so transferred by imposing appropriate contractual obligations on the recipient.

**Insurer:**

I understand and agree that the life insurance applied for on my life may be arranged or effected with an insurer authorized in other jurisdictions but not authorized by any insurance authorities to conduct insurance business in my country of residence. As such, the issuing insurance company may not be subject to the laws of my country nor subject to any system of supervision of authorized insurers in my country. I understand that I may obtain further information from the authorized representative involved in arranging the insurance contract on matters such as: (a) country of incorporation of the insurer, (b) financial standing of the insurer; and (c) which country's laws will determine disputes under any contract that may be issued.

**I understand and agree that:**

- The information provided in this form, which includes any supplemental information related to my health, aviation, travel or residency, or lifestyle will form the basis for and become part of any life insurance policy issued as a result thereof.
- No financial representative, broker, agent or medical examiner has the authority to make or modify any life insurance policy that may be issued on my life, to decide whether I am an acceptable risk or to waive any rights or requirements of any insurance company.
- In receiving and accepting any policy that may be issued, I authorize the authorized representative to accept any corrections and amendments made by the life insurance company. No change in plan, amount, benefits, age at issue or classification can be made without the authorized representative's written consent.
- My authorized representative is acting on my behalf and not as the soliciting agent for any life insurance company and no solicitation for life insurance has been made in my country of residence in connection herewith.
- Any life insurance company, bank or trust company may rely on the information contained herein as if this form was prepared directly for use by any of them. A photocopy shall be as valid as the original.
- Any illustration that may be presented to me is intended only to demonstrate how life insurance may perform. Cash values, life insurance benefits and net annual outlays may be greater or lesser than those shown in the illustration, depending on future interest rates, future cost of insurance charges and the timing and amount of future premium payments and policy loans. I acknowledge that any illustration presented to me does not form any part of any policy of life insurance that may be issued on my life.
- The limited power of attorney granted to the attorney-in-fact in connection with the life insurance described herein shall terminate automatically without any rights or duties surviving such termination upon issuance of the policy and thereupon shall no longer be of any force and effect.

I hereby represent to any life insurance company who is provided this form that the information provided is complete, correct and true to the best of my knowledge and belief and, together with all ancillary forms (and information provided by any medical examination) shall form the basis for life insurance and that all such documents shall be incorporated as part of any policy issued that provides life insurance coverage on my life.

**By signing below,** I authorize any person, business, bank, financial institution (including the financial institution named below), or other institution or individual having any information relating to me to release such information, including copies of any records, to the Company or its representatives. I agree that the Company or its representatives may verify through independent means, any information, including financial information, provided by me in this form. This authorization will be valid for two years from the date shown. A photocopy or facsimile of this authorization will be as valid as the original. I am entitled, or my authorized representative is entitled, to a copy of this authorization.

**SIGN HERE** \_\_\_\_\_  
 Signature of proposed life insured Date (mm/dd/yyyy)

**SIGN HERE** \_\_\_\_\_  
 Signature of authorized representative Date (mm/dd/yyyy)

\_\_\_\_\_  
 Print name (First) MI Last



# Aviation questionnaire

## Important information

Complete and sign this questionnaire only if you participate in aviation activities other than as a passenger on a regularly-scheduled commercial airline.

## 1. Aviation information

### A. Type of license currently held:

- Student
- Recreational
- Private
- Commercial
- Airline transport

B.  Yes  No Do you hold a valid instrument rating?

C. Total hours in command: \_\_\_\_\_ hours

D. Number of hours flown as pilot or crew: \_\_\_\_\_  
Last 12 months                      Last 12-24 months                      Expected in next 12 months

E. Date of last flight: \_\_\_\_\_  
mm/dd/yyyy

From \_\_\_\_\_  
City, Country

To \_\_\_\_\_  
City, Country

### F. Normal aviation patterns:

1. From \_\_\_\_\_  
City, Country

To \_\_\_\_\_  
City, Country

2. From \_\_\_\_\_  
City, Country

To \_\_\_\_\_  
City, Country

3. From \_\_\_\_\_  
City, Country

To \_\_\_\_\_  
City, Country

### G. Aviation activities:

**Purpose of your aviation activities:** (check all that apply)

- Business
- Commercial
- Pleasure
- Military
- Other: (specify) \_\_\_\_\_

**Type of aviation activities:** (check all that apply)

- Aerobatics
- Charter
- Commercial photography
- Crop dusting
- Freight transport
- Instruction
- Sight seeing
- Survey/mapping
- Test
- Other: (specify) \_\_\_\_\_

Yes  No **Will you be changing your aviation activities in the future?**  
If **yes**, provide details.

**1. Aviation information** (continued)

**H. Aircraft information:**

**Type of aircraft:**

- Fixed wing  Hot air balloon  
 Helicopter  Ultralight

**Type of engine:**

- Propeller  Jet

Number of engines: \_\_\_\_\_

\_\_\_\_\_  
Make and model of aircraft flown

\_\_\_\_\_  
Total hours in aircraft currently flying

- Yes  No **Have you flown or do you contemplate flying an experimental/homebuilt aircraft?**

If **yes**, is the aircraft certified?  Yes  No

Provide country/authority providing certification: \_\_\_\_\_

- Yes  No **As a pilot, have you ever had an accident, been grounded, fined or reprimanded for a violation of air regulations?**

If **yes**, provide details.

**I. Medical certification:**

\_\_\_\_\_  
Type of medical certificate held

\_\_\_\_\_  
Date of last renewal (mm/dd/yyyy)

- Yes  No **Has your medical certificate ever been denied?**

If **yes**, provide details.

**2. Signature**

**By signing below, I hereby represent that the information provided is complete, correct and true to the best of my knowledge and belief and shall form the basis for life insurance and be incorporated as part of any policy issued that provides life insurance coverage on my life.**

SIGN  
HERE

\_\_\_\_\_  
Signature of proposed life insured

\_\_\_\_\_  
Date (mm/dd/yyyy)

# Avocation questionnaire

## Important information

Complete and sign this questionnaire only if you participated in hazardous avocations such as skin or scuba diving, hang gliding, sky diving, parachuting, mountain and/or rock climbing, motor vehicle or power boat racing or any other hazardous activity.

### 1. Skin and scuba diving information (if applicable)

Yes  No **Are you a certified diver?**  
If **yes**, provide level of certification.

Yes  No **Are you a member of an organized diving club?**  
If **yes**, provide details.

Yes  No **Do you dive alone?**  
If **yes**, provide details.

#### A. Purpose of your diving activities:

- Commercial
- Recreation only
- Both commercial and recreation

#### B. Type of diving activities: (check all that apply)

- Cave diving
- Construction
- Ice diving
- Instruction
- Night diving
- Salvage
- Search work
- Technical diving
- Wreck diving
- Provide details \_\_\_\_\_

#### C. Where you dive:

- Inland waters
- Sea or ocean

#### D. Diving details:

Depth of dives	Last 12 months		Next 12 months	
	Number of dives	Average time	Number of dives	Average time
Less than 50 feet (<15.5m)				
50–75 feet (15.5m–23m)				
76–100 feet (23m–30.5m)				
101–120 feet (30.5m–36.5m)				
Over 120 feet (>36.5m)				



**3. Hang gliding information** (if applicable)

How often you hang glide: \_\_\_\_\_

Where you hang glide: \_\_\_\_\_

How high you typically fly: \_\_\_\_\_

Greatest height flown: \_\_\_\_\_

Greatest distance flown: \_\_\_\_\_

Longest duration flown: \_\_\_\_\_

Yes  No **Are you a member of an organized club?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Do you hang glide professionally?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Have you or do you intend to attempt any height, distance or duration records?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Have you or do you intend to fly experimental hang gliding equipment of either a manufacturer's or your own design?**  
If **yes**, provide details.

\_\_\_\_\_

**4. Sky diving information** (if applicable)

How long you have been sky diving: \_\_\_\_\_ years

Yes  No **Are you a member of an organized club?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Are you a member of a military parachutist organization?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Do you participate in sky diving exhibitions or competitions?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Do you receive remuneration for your sky diving activity?**  
If **yes**, provide details.

\_\_\_\_\_

**Sky diving details for past 2 years and any future dives planned:**

	Last 12 months	Last 12-24 months	Next 12 months
Number of jumps			
Average altitude of jumps			

**5. Organized automobile, motorcycle and/or power boat racing information (if applicable)**

**A. Type of vehicle:** (check all that apply)

- Automobile
- Motorcycle
- Power boat

**Details of vehicle:** \_\_\_\_\_

**B. Purpose of racing:**

- Amateur
- Professional
- Both

**C. Type of racing or competition you engage in:**

\_\_\_\_\_

Yes  No **Do you compete under a sanctioning body?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Do you engage in drag racing?**  
If **yes**, elapsed time of races:

\_\_\_\_\_

Yes  No **Have you ever done or do you intend to do any stunt driving?**  
If **yes**, provide details.

\_\_\_\_\_

Yes  No **Have you had any accidents related to driving?**  
If **yes**, provide details.

\_\_\_\_\_

**D. Racing details for past 2 years and any future races planned:**

	Last 12 months	Last 12-24 months	Next 12 months
Number of races			
Maximum speed attained			NA
Average speed			NA
Types of tracks/surfaces used			

**6. Signature**

**By signing below, I hereby represent that the information provided is complete, correct and true to the best of my knowledge and belief and shall form the basis for life insurance and be incorporated as part of any policy issued that provides life insurance coverage on my life.**

SIGN  
HERE

\_\_\_\_\_  
Signature of proposed life insured

\_\_\_\_\_  
Date (mm/dd/yyyy)

# Business financials questionnaire

## Important information

Complete and sign this questionnaire only if the purpose of insurance is related to business.

## 1. Business information

Business name \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Website \_\_\_\_\_

Business address (Street) \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Mailing code \_\_\_\_\_

Mailing address (if different from business address) (Street) \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Mailing code \_\_\_\_\_

### A. Type of business:

- Corporation
- General
- Limited
- Limited liability company
- Sole proprietorship
- Partnership: (specify) \_\_\_\_\_

### B. Nature of business:

\_\_\_\_\_

## 2. Potential life insured information

Position in the company \_\_\_\_\_

Length of service (years) \_\_\_\_\_ US \$ \_\_\_\_\_ Salary US \$ \_\_\_\_\_ Bonus \_\_\_\_\_ Ownership shares \_\_\_\_\_%

### Purpose of insurance:

- Key person
- Credit coverage
- Deferred compensation
- Other: (specify) \_\_\_\_\_

Yes  No **Are other key employees already insured or to be insured?**

If **yes**, provide details.

Employee name	Coverage amount	Insurer name
_____	US \$ _____	_____
_____	US \$ _____	_____
_____	US \$ _____	_____
_____	US \$ _____	_____

### 3. Balance sheet information

Provide information and attach a copy of the current audited financial statement.

	Last year	Current year
Assets	US \$	US \$
Liabilities	US \$	US \$
Net worth	US \$	US \$
Market value	US \$	US \$
Gross income	US \$	US \$
Net income	US \$	US \$

### 4. Signature

By signing below, I hereby represent that the information provided is complete, correct and true to the best of my knowledge and belief and shall form the basis for life insurance and be incorporated as part of any policy issued that provides life insurance coverage on my life.

SIGN  
HERE

\_\_\_\_\_  
Signature of proposed life insured

\_\_\_\_\_  
Date (mm/dd/yyyy)