## Underwriting Questionnaire **Abdominal Aortic Aneurysm**

HH Truist Life Insurance Ser
------------------------------

Producer Name	Phone	Date	_
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount		Max Premium \$/yr.	
☐ Term ☐ Permanent Has the client ever to	used any form of tobac	co (cigarettes, cigars, pipe, snuff, etc.)?	□Yes □No
Frequency	Date of last use	Type	
Date of initial diagnosis			
Has the client had any of the following:  Ultrasound Date  CAT Scan Date  Surgery Date			
Has the aneurysm been stable in size for two or  Yes Provide details  No	,		
Is your client on any medications?  Yes Provide details  No			
Are any of the following present? Check all that a Pain in the legs with walking Eleva Hypertension Diab Coronary artery disease Cere	ated cholesterol betes brovascular disease		

For Financial Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Insurance products are offered through Truist Life Insurance Services, a division of Crump Life Insurance Services, Inc., AR license #100103477. Products and programs offered through Truist Life Insurance Services are not approved for use in all states. Updated April 13, 2020

© 2020 Truist, All Rights Reserved. PAGE 1 OF 1