Underwriting Questionnaire Mature-Age Lifestyle

NOTE: This form should be completed if the proposed insured is age 70 or above.

FIH Truist Life Insurance Services

The purpose of this questionnaire is to help the Crump underwriting team get to know the proposed insured beyond what is written in an APS or what is on the medical exam. The list of questions below will help us better position your case. Please elaborate as much as possible.

Producer Name Client Name_____ Date of Birth_____ ☐ Male ☐ Female Face Amount _____ Max Premium \$_____ /yr. ☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No Frequency_____ Date of last use_____ ______ Type _____ What activities does the proposed insured routinely participate in? (golf, travel, cards, etc.) Does the proposed insured participate in any type of exercise routine? If so, please elaborate. \square Yes \square No Does the proposed insured drive? If no, why not? ☐ Yes ☐ No Does the proposed insured use any assistive devices? (cane, walker, etc.) \(\subseteq \text{Yes} \subseteq \text{No} \) Is there a history of falling by the proposed insured? \square Yes \square No Does the proposed insured manage his/her own financial affairs/investments? Is the proposed insured employed? ☐ Yes ☐ No If not employed, is the proposed insured involved in any volunteer or charity work?

Yes

No What are the proposed insured's hobbies? What does owning an insurance policy mean to the proposed insured and what is the ultimate purpose he/she wants this policy to fulfill? What other factors will enable us to favorably present the application to the insurance company underwriters?

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