## Underwriting Questionnaire **Military Service**

HH Tr	ruist	Life	Insurance	Services
-------	-------	------	-----------	----------

Producer Name		Phone		Date	_	
Client Name		Date of Birth				
☐ Male ☐ Female	Face Amount		Max Premium \$	/yr.		
☐ Term ☐ Permanent	Has the client eve	r used any form of toba	acco (cigarettes, cig	gars, pipe, snuff, etc.)?	□Yes □No	
Frequency		Date of last use		Туре		
Branch of Military		,	orce   Coast on the coast of th	Guard		
Special Forces  ☐ Army Rangers ☐ Delta Force ☐ Air Force Speci	al Forces	J.S. Army Special Force: Navy SEAL or Navy Spec Marine Corps Force Rec	cial Warfare Develo onnaissance (Force	pment Group Recon or FORECON)		
Stationed where						
List all duties						
Years of service		Milita	ry pay grade			
			n or do you currently have orders in hand for deployment Yes No Location			
Military Flying						
Name of military organ	ization					
Is client a pilot	Yes 🗌 No If no, sp	ecify capacity in which t	the client flies			
Type of aircraft flown		How long has the client been flying in this kind of aircraft (if less than one year, also specify aircraft previously flown)				
Date of last flight		Does the client fly for proficient only ☐Yes ☐ No If yes, provide number of hours on proficiency flying per year				

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