## Underwriting Questionnaire **Pacemaker**

HH Truist Life Insurance Service	ΗH
----------------------------------	----

Producer Name	Phone	Phone Date		_
Client Name	Date of Birth _			
☐ Male ☐ Female Face Amoun	t	Max Premium \$ _	/yr.	
☐ Term ☐ Permanent Has the	client ever used any form of t	obacco (cigarettes, cig	gars, pipe, snuff, etc.)?	□Yes □No
Frequency	Date of last use		Type	
Date of pacemaker implant				
Reason for the implant				
☐ Resting EKG ☐ ☐ Thallium Stress EKG ☐ ☐ Holter Monitor ☐ Other ☐ Has the client been diagnosed as having ☐ Bradycardia ☐ Paroxysmal atrial fibrillation ☐ Chronic atrial fibrillation ☐ Sick sinus syndrome ☐ Atrial flutter	any of the following ☐Cardiomyopathy ☐Congenital heart block	□Chest X-ray without other heart d with other heart disor with coronary artery d	isorder der isease	
□Other		egreesecond Deg	greeinird Degree	
Are there any current symptoms of any h □Dizziness or light headedness □Chest pain □Other	☐Blackouts ☐Palpitations			
Name of Medication (prescription of	or otherwise) Dat	tes Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:

For Financial Professional Use Only. Insurance products are available through Truist Life Insurance Services, a division of Crump Life Insurance Services, LLC, Arkansas License #100103477, a wholly owned subsidiary of Truist Insurance Holdings, LLC. Insurance products are not a deposit, not FDIC insured, not guaranteed by the bank, not insured by any federal government agency, and may go down in value. Products and programs offered through Crump are not approved for use in all states. Not all applicants will qualify for coverage. Policy terms, conditions, and limitations will apply. Crump does not provide any tax or legal advice. Variable insurance material is for broker-dealer or registered representative use only. Variable products distributed by P.J. Robb Variable, LLC, Arkansas License #100110185. Member FINRA. Updated April 16, 2020