



LIFE INSURANCE Fact-Finder
All personal information protected by HIPAA regulations.

Agent: Name _____ E-Mail address _____
Telephone _____

Proposed Insured: Name _____ Name _____
Date of Birth _____ Date of Birth _____

INFORMATION FOR INSURANCE PROPOSAL

State of Residence / Issue: _____

Plan of Insurance requested: Individual: O Term, Yrs: _____ O UL O WL O IUL O VUL
O ROP Term, Yrs: _____
Survivorship: O SUL O SIUL O SVUL

Death Benefit Amount: \$ _____ or Expected Premium Pymt: \$ _____

Premium Frequency: O Annual O Semi-ann O Quarterly O Monthly
Pay Premium: O Continuous [for Life] O # of Yrs: _____ O To Age _____
O Single Premium: \$ _____
O 1035 Transfer: \$ _____

Death Benefit: [indicate selection for each category]

- a. Benefit Option: O Level
O Increasing [Base death benefit plus cash accumulation]
b. Death Benefit calculation:
O Guarantee to Age _____
O Minimum DB to meet Guideline Premium Test
O Minimum DB to meet 7-Pay Premium Test
O Minimum DB / Max Withdrawal / Loan First WD/Loan at Age or Year: _____ ; Last WD/Loan at Age or Year: _____
c. Non-Guaranteed Interest Rate [3.0% min. - 8.0% max.] - for IUL or VUL only: _____%

Proposed Insured's information: [If Survivorship, complete for both proposed insured's]

Nicotine use: O None
O Cigarettes, Cigars, Pipe, Dip, Chew, Nicotine Gum, Other [circle applicable] - quantity/frequency of use: _____

Former Nicotine Use: List each type, quantity and frequency used, and date of last use: _____

Build: Height: ____ feet ____ inches Weight: _____ pounds

Blood Pressure and Cholesterol:
Latest BP reading: _____ / _____ Latest total cholesterol: _____ mg; Latest cholesterol/HDL ratio: _____
Are you currently taking any medication for BP? O No O Yes, name of medication(s): _____
Are you currently taking any medication for cholesterol? O No O Yes, name of medication(s): _____

Driving History: Have you had any of the following motor-vehicle-related incidents in the past 10 years?
O Moving violation O Reckless driving O DWI or DUI O License suspension or revoked
Provide dates, details: _____

Medical History: Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:
O Acquired immune deficiency syndrome or ARC (AIDS-related complex) O Crohn's disease O Kidney disease
O Alcohol abuse O Depression/anxiety O Lupus
O Alzheimer's/dementia/cognitive impairment O Diabetes ** O Multiple sclerosis
O Asthma O Drug abuse O Peripheral vascular disease
O Cancer * O Epilepsy O Rheumatoid arthritis
O Cirrhosis O Heart murmur/valve disease O Sleep apnea
O COPD O Hepatitis O Stroke
O Coronary artery or cerebrovascular disease O Irregular heartbeat/palpitations O Other _____

List dates, diagnosis, details, treatment for any condition checked above - [next page]



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Proposed Insured's information, continued: [If Survivorship, complete for both proposed insured's]

Medical History, continued:

List dates, diagnosis, details, treatment for any condition checked on previous page:

* If Cancer, please provide: Date, Type, Stage/Grade, and Treatment

** If Diabetes: T1 T2 Age at Onset: _____ A1C score: _____

Prescription Medications: Please list any prescription medications, dosage, and purpose if not listed previously:

Family History: [Family history is a consideration for each rate class]

To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer?

No Yes

If yes, provide full details with impairment, age at onset and age at death if deceased:

Father: _____
 Mother: _____
 Sibling: _____

Aviation / Avocation:

In the past 5 years have you or do you intend to participate in any of the activities listed?

None Flying Racing Sky diving Scuba diving Other

Details: _____

Citizenship / Residency / Travel:

U.S. Citizen: Yes No, citizen of: _____

If no, provide type and expiration date of visa, green card status, and length of time in USA: _____

Any future plans to live or travel outside the USA? [check regarding state compliance prior to completing any application(s)]

No Yes, provide purpose, cities, countries, frequency, and duration: _____

Does Proposed Insured have current Life Insurance coverage?

No Yes, please provide the following for each policy:

Death Benefit Amount	Insurance Company	Policy Type	Issue Year	Underwriting Rating	Will new insurance replace policy?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Notes / Comments:

For assistance with underwriting or illustrations, Fact-Finder may be scan/emailed or faxed to Imeriti:

Scan/Email: quickquotes@imeriti.com

Fax: 866-592-7974

Questions or additional assistance, please call Imeriti 800-921-3100