WEALTH WATCH PARTNERS

Life Insurance Questionnaire

Personal Information (Proposed Insured)

First Name:_____Middle Initial:_____Last Name:_____

DOB:_____/_____/_____Gender: ☐ Male ☐ Female

State of Solicitation:_____County or Residence: _____

Birth Country:_____Birth State (U.S.):_____

Citizenship:_____SNN/Tax ID:_____–_____–_____

Are you an active duty member of the U.S. Armed Services? ☐ Yes ☐ No

Driver's License Number:_____Issue State:_____Expiration:_____

Earned Income: $_____Total Net Worth: $_____

Unearned Income: $_____Liquid Net Worth: $_____

Are you employed? ☐ Yes ☐ No

Are you self-employed? ☐ Yes ☐ No

Occupation:_____Years in Occupation:_____

Contact Information

Home Phone:_____Cell Phone:_____

Street Address:_____City:_____State:_____Zip:_____

Country:_____Email:_____

Health & Lifestyle (Proposed Insured)

Current Height:_____ft._____in. Current Weight:_____lbs.

Tobacco Use: ☐ Yes ☐ No

List known medical conditions:

_____

_____

List all prescribed medications and dosage:

_____

_____

Beneficiary Information

First Name:_____Last Name:_____

Relationship to insured:_____DOB:_____/_____/_____

Percentage of death benefit:_____SSN/Tax ID:_____-_____-_____

Street Address:_____City:_____

State:_____ZIP:_____County:_____