

**CONFIDENTIAL PERSONAL FINANCIAL QUESTIONNAIRE**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Please attach most recent completed financial statement, or complete A & B below.

A. Current Personal Net Worth			
ASSETS		LIABILITIES	
1. Cash in Savings, Stocks, Bonds, and Life Ins. net. cash values	\$	1. Mortgage or Liens on Real Estate	\$
2. Notes & Accts Receivables	\$	2. Notes & Accounts Payable	\$
3. Net Business Interest	\$	3. Unpaid Interest & Taxes	\$
4. Real Estate	\$	4. Other Liabilities (describe)	\$
5. Personal Property	\$		
6. Other Assets (describe)	\$	5. Total Liabilities	\$
7. Total Assets	\$	6. Net Worth	\$

B. Personal Income Statement- For Calendar Year Ending:			
1. Salary	\$	5. Bonus	\$
2. Commissions	\$	6. Other (describe)	\$
3. Net Income (Self Employment)	\$		
Investment Income (Interest, dividends, etc.)	\$	Total Income	\$

C. Any bankruptcies in the past 7 years?  Yes  No If "Yes", please explain

D. Are any suits pending or unsatisfied judgments against you at this time?  Yes  No If "Yes" please explain

E. Purpose of insurance (Check applicable bock(s) and follow instruction below).

Estate Transfer Taxes  Income Replacement  Debt Repayment or Other

Please Explain why the amount of insurance is necessary, including, if applicable, estimated estate transfer taxes, who will suffer a financial loss, how the amount of insurance was determined, and how it is expected that the proceeds will be utilized.

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

