

Financial Questionnaire

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Amount of Life Insurance Desired? _____ Plan Desired? _____

Do you have any pending suits, judgments or bankruptcies? Yes No
 If Yes, details please _____

Earned Income			Unearned Income	
Salary	\$		Dividends	\$
Bonus	\$		Interest	\$
Commission	\$		Rent	\$
Other	\$		Other	\$
Total	\$		Total	\$
Total Income:		\$		

Assets		Liabilities		
Cash	\$	Bank Loans	\$	
Real Estate	\$	Personal Loans	\$	
Stocks	\$	Mortgages	\$	
Bonds	\$	Accts. Payable	\$	
Receivable	\$	Other	\$	
Business Equity	\$			
Cash Value (Life Insurance)	\$			
Other	\$			
Total:	\$	Total:	\$	
Total Net Worth:		\$		

I declare that the above information is true and complete, and is provided for the purpose of establishing insurability in connection with a pending life insurance application on my life.

Signature of Proposed Insured _____ Witness _____ Date _____

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787
 You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com