

Confidential Financial Questionnaire

This form may be forwarded to the personal attention of: Director of Underwriting, National Life Insurance Company, Montpelier, Vermont 05604.

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date Completed: \_\_\_\_\_

The following financial disclosures are made for the purpose of establishing insurability and best interest in connection with the pending insurance application on my life. They are furnished as a true and accurate statement of my financial condition on (mm/dd/yyyy) \_\_\_\_\_

**Income**

	Household			Individual		
	Last Year	1 Year Prior	2 Yrs Prior	Last Year	1 Year Prior	2 Yrs Prior
Annual Salary or Adjusted Gross Income from self-employment:						
Dividends etc.:						
Other Income: (Describe below)						
<b>Total:</b>						

Details of other income: \_\_\_\_\_

**Assets**

Cash in Banks / Bank Products: \$ \_\_\_\_\_  
 Receivables: \$ \_\_\_\_\_  
 Cash Value Life Insurance: \$ \_\_\_\_\_  
 Annuities: \$ \_\_\_\_\_  
 Real Estate: \$ \_\_\_\_\_  
 Business Interest: \$ \_\_\_\_\_  
 Stocks, Bonds and Mutual Funds: (not included above) \$ \_\_\_\_\_  
 Personal Property: (auto, furniture, etc.) \$ \_\_\_\_\_  
 Other Assets: (describe below) \$ \_\_\_\_\_  
**Total Assets: \$ \_\_\_\_\_**

**Liabilities**

Notes Payable: \$ \_\_\_\_\_  
 Accounts Payable: \$ \_\_\_\_\_  
 Loans on Life Insurance: \$ \_\_\_\_\_  
 Taxes and Interest Due: \$ \_\_\_\_\_  
 Real Estate Mortgages or Liens: \$ \_\_\_\_\_  
 Other Liabilities: (describe below) \$ \_\_\_\_\_  
**Total Liabilities: \$ \_\_\_\_\_**  
  
**Net Worth: \$ \_\_\_\_\_**

Details of other assets or liabilities: \_\_\_\_\_

**For applications completed in the state of NY**

- Annual Tax Bracket: ☐ Under 15% ☐ 15% - 28% ☐ > 28%
- What is your investment risk tolerance? ☐ Conservative ☐ Moderate ☐ Aggressive
- Are you willing to accept non-guaranteed elements in the policy, including variability in premium, cash value, death benefit, or fees? ☐ Yes ☐ No
- What is the duration of existing liabilities and obligations? \_\_\_\_\_
- Excluding this proposed transaction, have you had a prior life exchange? ☐ Yes ☐ No  
If 'Yes', did it occur within the last 36 months? ☐ Yes ☐ No
- Which of the following financial, insurance and investment products have you owned and/or currently own? (Check all that apply.)  
☐ None ☐ Life Insurance ☐ Annuities ☐ Mutual Funds ☐ Stocks/Bonds (corporate, municipal, etc.) ☐ Other: \_\_\_\_\_
- What is the objective of this sale and purpose of the coverage? (Check all that apply.)  
☐ Death benefit protection ☐ Cash accumulation for future retirement needs ☐ Other: \_\_\_\_\_
- I understand that I am purchasing life insurance and the intention is to maintain this coverage for my life time as protection for my loved ones at the time of my death. If there is an intention to only keep this coverage for a short period of time, please explain: \_\_\_\_\_

**Confidential Financial Questionnaire - Continued****9. Complete only if a replacement is to occur.**

Please submit a recent policy statement copy.			
	Replacement #1	Replacement #2	Replacement #3
1. Product Type ( <i>Life or Annuity</i> )			
2. Company Name			
3. Dollar Amount	\$	\$	\$
4. Product Name			
5. Type of Annuity ( <i>Fixed / Indexed / Variable / 2 Tier</i> )			
6. Type of Life ( <i>UL / WL / IUL / VUL</i> )			
7. Surrender Charge ( <i>Dollar amount</i> )	\$	\$	\$
8. Lifetime Withdrawal Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Other Riders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Rider Fees	\$ or %	\$ or %	\$ or %
11. Years Owned			
12. Guaranteed Interest Rate ( <i>Required for Fixed &amp; Indexed</i> )			
13. Current Fixed Rate ( <i>Required for Fixed &amp; Indexed</i> )			
14. Participation Rate / Cap ( <i>Required for Indexed</i> )			
15. Death Benefit ( <i>Required for Life Insurance Only</i> )	\$	\$	\$

**For NY Agent use only**

I recommended this life insurance purchase or exchange because I believe it is suitable and in the best interest based upon the information given to me by the Owner/Applicant. I have reviewed with the Owner/Applicant various favorable and unfavorable features of the life insurance (such as potential surrender periods and charges, potential charges for riders, etc.), and the customer has signed the Disclosure Form (if applicable). If this is a replacement, I have discussed with the applicant any potential withdrawal/surrender charges, etc., which may be incurred on surrender of the policy, as well as any fees, charges or withdrawal/surrender period, etc., associated with the new policy.

I agree to maintain and make available upon request to the insurer or insurance commissioner, records of the information collected and other information used as the basis for this recommendation for at least 10 years after the insurer completed the recommended transaction. Any reproduction of the actual document may be used to maintain these records.

I acknowledge that it may be a regulatory violation to recommend the sale of a security without appropriate registration. I certify that I am in compliance with applicable law.

**Did you provide investment advice or analysis and recommend the liquidation of a securities product (Variable Annuities, Mutual Funds, etc.) to purchase this life insurance? (*Other than providing assistance with suitability and transfer forms.*)** ☐ Yes ☐ No

**If 'Yes', are you FINRA/SEC licensed?** ☐ Yes ☐ No

**If 'Yes', what Broker Dealer/Investment Advisor are you associated with?** \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Remarks** (*Please provide any additional information specific to this transaction you would like us to take into consideration.*)

**Signatures**

I have reviewed the policy application (if applicable), and provided the information on this form, or I have reviewed the information contained on it, and confirm that it is complete and accurate.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant / Owner's Signature (*if Owner is other than Insured*) \_\_\_\_\_ Date \_\_\_\_\_

CPA Signature (*only needed if this form is being used to fulfill the underwriting requirement for verified third party financials*) \_\_\_\_\_ Date \_\_\_\_\_

CPA Printed Name \_\_\_\_\_ CPA License Number \_\_\_\_\_