

Lifeco Associates, Inc.

Life and Health Insurance Agency

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Life Insurance: Pre-Underwriting Client Data Summary Sheet

Please complete all fields and be as accurate and thorough as possible. Thank you.

Disclaimer: Completing this Pre-Qualification Form is not a guarantee that you will be approved for life insurance. It is not an application for insurance. The purpose of completion is to gather information pertaining to your medical history and other factors that will impact underwriting and rating consideration to the extent you decide to apply for life insurance. For every question where the answer is 'Yes,' please provide a detailed explanation. If a question is Not Applicable, please insert 'N/A.' Feel free to use additional/separate sheets of paper if necessary. Thank you.

Background & Life Insurance Related Questions

Client Name: _____ Gender: _____

Date of Birth: _____

Resident State (if more than one residence is owned in multiple states, please insert both and specify your living situation):

Height: _____ Weight: _____

(please note if changed considerably in the past 12 mos.)

Are you a U.S. citizen (if not, please explain – e.g. do you have a green card/visa?)

Approximate annual income (specify between earned and unearned as applicable):

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Approximate net worth (specify total assets as well as total liabilities):

Occupation (if self-employed and/or an owner in a business you work for, please note this):

Have you traveled or resided outside the US? Also, do you intend to reside or travel outside the U.S. in the next year? If the answer is yes to either, please specify (e.g. which country/(ies); for how long and for what purpose, such as business)?

What is your primary purpose for seeking life insurance (e.g. who/what are you seeking to protect; for how long would you like protection to last; would you like the amount to potentially grow over time; etc.)?

Approximately how much life insurance are you seeking to purchase (if not known, state 'unknown')?

Please provide details on any pending and in-force life insurance coverage maintained (whether for personal, business or other purposes), including [Please label policy #1, 2 3, etc.]:

- Insurance carrier(s):

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Please provide details on any pending and in-force life insurance coverage maintained (whether for personal, business or other purposes), including [Continued; Please label policy #1, 2, 3, etc.]:

- Policy issuance/application date:

- Face Amount:

- Type of life insurance (e.g. term; universal life; whole life; variable life; etc.). If term, how many years remaining with level premiums and is the policy convertible to permanent insurance? If universal life, is it guaranteed universal life (if so, for how long) or current assumption universal life? If whole life, how are the non-guaranteed dividends being applied to the policy? If variable life, how is the cash value being invested (what is the asset allocation)?

- Underwriting rating/class. Also specify if your health has improved, declined or remains about the same from the date of issuance of any existing (or pending) life insurance policy/(ies).

- Primary purpose(s) (e.g. financial protection of dependents; estate taxes; pay-off liabilities; etc.):

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Please provide details on any pending and in-force life insurance coverage maintained (whether for personal, business or other purposes), including [Continued; Please label policy #1, 2, 3, etc.]:

- Current premium and mode (how frequently premiums are paid):

- Premium payor:

- Owner

- Beneficiary/(ies) – primary and contingent, if any.

- Cash surrender value (if permanent insurance):

- Policy loan(s), if any (only applicable for permanent insurance):

- Other policy-related information you wish to share:

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If you have group (including Association) life insurance, (a) who is the carrier; (b) what is the face amount and (c) who pays the premium?

Have you ever had an application for life insurance declined, modified or rated? If yes, please explain.

Have any immediate family members (parents and siblings) been diagnosed or died from (a) heart disease; (b) cancer or (c) diabetes? If yes, please provide details below (e.g. relation; diagnosis; approximate age of disease onset; age at death if deceased)?

Medical/Lifestyle-Related Questions

Do you drive? If so, do you have a handicap parking permit?

Have you had any driving violations in the past 10 years? If so, please specify how many, what you were charged with and whether any involved a DUI or were drug related.

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Do you engage in any hazardous activities including, but not limited to, (a) car/motorcycle racing, (b) scuba diving, (c) rock/mountain climbing, (d) piloting aircraft (as a private pilot), (e) bungee jumping, (f) hang gliding, (g) sky diving and/or (h) other such activities? If so, please specify.

Do you smoke, or have you ever smoked? If so, please specify type (e.g. cigarettes) and quantity. If not currently, but in the past, when was the last time you smoked, for how long and what type?

Please provide applicable information/specifics regarding (a) alcohol use and (b) non-prescription drug use (e.g. marijuana), if any.

Females Only: Are you pregnant? If yes, what is the anticipated due date?

Current medical conditions:

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Current medications, dosages and the reasons for your prescriptions (as well as any changes in the past year):

Aside from medication(s), are your medical conditions being treated in any other manner? If yes, has the treatment changed over the past year (and, if so, how)?

Other than as mentioned previously, are there any conditions for which you have been treated in the past 10 years?

Has any surgery or medical tests been recommended for you yet not completed? If so, please explain.

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Please provide information regarding all doctors you presently see, as well as any physicians you have seen during the past 10 years. Please also specify your primary care physician [Please label Dr. #1, #2, #3, etc.]:

- Doctor's name/address/phone #/fax#:

- Type of Doctor:

- Last consultation (Date) and Reason:

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Have you ever had (including now) any of the following conditions?

- Alcohol or drug dependency
- Arthritis
- Asthma
- Bone, joint or muscular problems (including osteoporosis and any fractures)
- Cancer
- Depression/anxiety
- Diabetes (specify Type I or Type II)
- Heart disease or heart related problems
- High blood pressure
- Joint replacements
- Kidney disease
- Liver disease
- Neuropathy
- Memory loss
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's Disease
- Sleep disorders, including sleep apnea
- Stroke or TIA

If you answered 'Yes' to any of the above conditions (or you have had a significant medical condition not listed therein), for each condition please note (a) the date of diagnosis; (b) treatment received; (c) if you are still receiving treatment and (d) how this condition is currently?

Potential Underwriting Credits (to potentially improve your underwriting rating)

If you exercise, please provide (a) the type of exercise; (b) how many times per week; (c) the length of each session and (d) if conducted independently or with a trainer/as part of a class.

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Please specify what is applicable in the below and provide all relevant information, including (a) date of testing and (b) doctor contact information.

- Complete physical exam by a physician within the past year?

- Preventative wellness studies within the past 2 years and with normal results:

- Digital rectal exam? _____

- PSA testing? _____

- Physical skin exam? _____

- Physician testicular exam? _____

- Colonoscopy? _____

- Occult blood in stool testing (stool cards)? _____

- Bone density test? _____

- Mammogram? _____

- Physician breast exam? _____

- Pap smear? _____

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Please specify what is applicable in the below and provide all relevant information, including (a) date of testing and (b) doctor contact information. [Continued]:

- Cardiac testing within the past 2 years and with normal results:
 - Resting EKG? _____

 - Treadmill stress test? _____

 - Nuclear stress test? _____

 - Echocardiogram? _____

 - Catheterization or angiogram? _____

 - Coronary Calcium Testing (EBCT) with a 0 score? _____

- Other testing within the past 2 years and with normal results:
 - Chest CT? _____

 - Abdominal CT? _____

 - Normal Blood Count (Complete Blood Count)? _____

 - Normal/Pulmonary Function Testing/Spirometry? _____

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- If 70 years of age or older:

- Do you drive? If so, approximately how many miles per week?

- Are you a member of any social clubs/groups/volunteer organizations?

- Do you have any hobbies?

- Have you traveled anywhere in the past 2 years?

- Do you still work – either full-time, part-time or in some other capacity (e.g. consultative)?

- Do you handle/manage/oversee your financial affairs? If not, who does?

Please provide us with any additional information you believe would be relevant. Thank you.
