

SENIOR SETTLEMENT QUALIFYING QUESTIONNAIRE

Name of Broker: _____

Address: _____

Tel.#: _____

Fax #: _____

Name of Insured: _____

Date of Birth: _____

Sex: _____

Policy #1

Company: _____

Policy #: _____ Face Amount: _____

Date of Issue: _____ Age of Issue: ____ Type of Policy: _____

Current Cash Value: _____ Policy Loans: _____ Dividends: _____

Policy Owner: _____

Policy Beneficiary: _____

Policy #2

Company: _____

Policy #: _____ Face Amount: _____

Date of Issue: _____ Age of Issue: ____ Type of Policy: _____

Current Cash Value: _____ Policy Loans: _____ Dividends: _____

Policy Owner: _____

Policy Beneficiary: _____

Medical History:

Current Medications:

Reason Why Policy(s) No Longer Needed:
