CONFIDENTIAL PERSONAL FINANCIAL QUESTIONNAIRE

Name of Proposed Insured _____ Date of Birth _____

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

A. Current Personal Net Worth

ASSETS		LIABILITIES	
1. Cash in Savings, Stocks, Bonds, Life Ins. Net. Cash Values	$_____	1. Mortgage or Liens on Real Estate	$_____
2. Notes & Accounts Receivable	$_____	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 From Self-Employment	$_____	_____	$_____
		_____	$_____
4. Investment Income (interest, dividends, etc.)	$_____	7. Total Income	$_____

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

D. Are any suits pending or unsatisfied judgements against you at this time? ☐ Yes ☐ No If "Yes," explain:

E. Purpose of Insurance (Check applicable block(s) and follow instructions 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 certify that I have read the above questions and answers and declare that all statements and answers to the above questions are true and complete as recorded.

_____	_____	_____
Date	Witness	Signature of Proposed Insured

CPS

NAILBA
NATIONAL ASSOCIATION OF INDEPENDENT LIFE BROKERAGE AGENCIES