

Bankruptcy Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: _____
Proposed Insured: _____ Date Of Birth: _____ Gender: Male or Female
Build: Height _____ Weight _____ Any Weight Loss In Last Year? If so how much _____
Product Desired: Term Guarantee UL Index UL Whole Life Survivorship Life
Face Amount Desired: Option 1 \$ _____ Option 2 \$ _____ Option 3 \$ _____
Maximum Premium Tolerance Per Year: _____
Has Client Ever Used Any Form Of Nicotine? No Yes
Type: Cigarettes Cigars Pipe Chew Patch Nicorette Gum E-Cigarette Vape
Frequency: _____ Date Last Used _____
Current Alcohol Use: Type _____ Number of Drinks: _____ Per _____ Day _____ Week Date Last Used: _____

- 1) Type of bankruptcy filed:
 Personal Chapter 7 Chapter 13
 Business Chapter 7 Chapter 11 Chapter 13
- 2) What date were you declared bankrupt? _____
- 3) Has your bankruptcy been discharged? Yes No If yes; what date was it discharged? _____
- 4) Are you currently under a repayment plan? Yes No If yes; are monthly payments being made, number of payments made to date, what are terms and length of repayment plan:

- 5) Was this bankruptcy? Voluntary Forced
- 6) Provide a detailed description of the reason for and the circumstance under which you were declared bankrupt on the above occasion:

- 7) At the time of your bankruptcy, were you an employee with no ownership (directly or otherwise) in the business you were working in?
 Yes - detail how the bankruptcy affected your employment situation

 No – detail how the bankruptcy affected your business structure, trading operation and/or management of the business at the time

- 8) Apart from any original creditor’s petition, were any legal proceedings instigated against you arising from this bankruptcy? Yes No If yes; provide details, including whether any proceedings are still in place

- 9) Have you ever been declared bankrupt prior to this bankruptcy? Yes No If yes; provide full details including date of discharge

- 10) Has any entity you have been associated with been placed into receivership, liquidation or administrations?
 Yes No If yes; provide details

- 11) Do you still have financial commitments to any other parties involved? Yes No If yes; provide details



2633 E. Indian School Road, Suite 410
Phoenix, Arizona 85016
P: 602-494-9500 P: 800-516-0283
F: 602-494-0500

Bankruptcy Questionnaire - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

12) Are there any additional details that would be helpful in understanding the situation that triggered the bankruptcy (e.g. economic changes, medical bills, construction hampering business, etc.)?

13) Are you Currently Employed? Yes No If yes; what is your occupation, annual income and current net worth

14) Did you suffer from any health problem at the time of bankruptcy (e.g. stress, anxiety or high blood pressure)?
 Yes No If yes; provide details

Please use additional pages if needed