



## Mature-Age Lifestyle

The purpose of this questionnaire is to help the underwriter get to know the proposed insured beyond what is written in an APS or what is on the medical exam. The list of questions below will help us better position your case. Please elaborate as much as possible.

**NOTE: This form should be completed if the proposed insured is age 70 or above.**

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

What activities does the proposed insured routinely participate in? (golf, travel, cards, etc.)

Does the proposed insured participate in any type of exercise routine? If so, please elaborate.  Yes  No

Does the proposed insured drive? If no, why not?  Yes  No

Does the proposed insured use any assistive devices? (cane, walker, etc.)  Yes  No

Is there a history of falling by the proposed insured?  Yes  No

Does the proposed insured manage his/her own financial affairs/investments?  Yes  No

Is the proposed insured employed?  Yes  No

If not employed, is the proposed insured involved in any volunteer or charity work?  Yes  No

What are the proposed insured's hobbies?

What does owning an insurance policy mean to the proposed insured and what is the ultimate purpose he/she wants this policy to fulfill?

What other factors will enable us to favorably present the application to the insurance company underwriters?