

1950 East Greyhound Pass, Suite 18-339 Carmel, IN 46033 T: 888.849.0887 F: 317.842.6760 www.lsa-llc.com

**Qualification Questionnaire** 

## Part A: POLICY INFORMATION

Lif	e Insurance Policy Information						
1.	Insurance Company		Death Benefit				
2.	Cash Surrender Value		Policy Loan	Issue Date		<u>.                                    </u>	
3.	Type of Policy (please circle):	Term	Universal Life	Whole Life	Survivorshi	p Universal Life	
		Surviv	orship Whole Life	Variable U	niversal Life	Indexed Universal Life	
	rt B: INSURED INFORMATION ease attach additional page for sec	cond insu	red)				
Name			Date of Birth				
Ge	nderMaleFemale						
<u>Pa</u>	rt C: MEDICAL HISTORY, CONDITION	ONS AND	TREATMENTS				
	the past three years, have you bee yes, please provide details below)	n diagnos	sed with or treated	d for any med	ical condition	s?	
Diagnosis				Date of Diagnosis			
Ту	pe of treatment received		Date last treated				
Re	sults						
Diagnosis				Date of Diagnosis			
Ту	pe of treatment received		Date last treated				
Re	sults						
Diagnosis				Date of Diagnosis			
Type of treatment received				Date last treated			
Re	sults						
Diagnosis				Date of Diagnosis			
Ту	pe of treatment received			Date last treated			
Re	sults						