



Data Collection - Life Insurance – Personal Information

1. Name: _____
2. Gender: Male Female
3. Are you currently Pregnant: No Yes – If Yes, how many months along are you? _____
4. Do you currently use Tobacco: No Yes
 - If Yes, what type of Tobacco: _____
 - Approximately how often: _____
5. If you do NOT currently use Tobacco, have you ever used Tobacco: No Yes
 - If Yes, when was the last time you used Tobacco? _____ Years Ago
 - How often did you use tobacco? Every Day Socially A Few Times Per Year
6. Do you currently use Cannabis: No Yes – If Yes, approximately how often _____
7. Do you drink Alcohol: No Yes
 - If Yes, approximately how often _____
 - What type of Alcohol do you typically drink? Beer Wine Other _____
8. Do you use any other Narcotics: No Yes – If Yes, what type(s) _____
9. Height: _____ Feet _____ Inches
10. Weight: _____ Pounds
11. Date of Birth _____ / _____ / _____
12. What state and country were you born in: _____
13. Social Security # Leave blank, we will collect this information on our call
14. Life Insurance Details:
 - Health class being applied for: Preferred Standard Plus Standard Other
 - Amount of coverage being applied for: \$ _____
 - Type of Insurance being applied for: Permanent (UL, IUL, VUL, Whole)
 Term – Length of Term _____ Years

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered by Steffens and Steffens, LLC or CES Insurance Agency.

276 US Highway 206, Suite A, Byram Township, NJ 07821 / Office Phone (973) 786-3696 / www.steffensfinancial.com

15. Home Address: _____

16. How many years have you lived at this address? _____

17. Personal Email: _____

18. Employer Name: _____

19. Employer Address: _____

20. Length of Employment: _____ Years

21. Occupation Title: _____

22. Will you own the policy? No Yes

➤ If No, who will own the policy? _____

➤ What is their relationship to you? _____

23. Are you a member of the armed forces (currently or in the past)? Yes No

24. What is your approximate annual income? \$ _____

25. What is the approximate value of your Assets:

➤ Retirement Accounts: \$ _____

➤ Savings / Checking Accounts: \$ _____

➤ Real Estate: \$ _____

➤ Business: \$ _____

26. What is the approximate amount of your outstanding Liabilities & Debt:

➤ Credit Cards / Personal Loans: \$ _____

➤ Real Estate Loans: \$ _____

27. What is your Driver's License #: Leave blank, we will collect this information on our call

28. Do you have any existing Life Insurance Policies: No Yes

➤ If Yes:

✚ Is the life insurance through work or a personal? _____

✚ Are you going to keep this life insurance or replace it? _____

✚ Do you have a copy of a recent statement? No Yes

29. When was your last visit to your Primary Physician? _____

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered by Steffens and Steffens, LLC or CES Insurance Agency.

276 US Highway 206, Suite A, Byram Township, NJ 07821 / Office Phone (973) 786-3696 / www.steffensfinancial.com

Underwriting Questions

- a. Have you scuba dived or sky dived, in the last 2 years? No Yes
- b. Have you piloted a plane in the past 2 years? No Yes
- c. Have you been convicted of a DUI in the last 5 years? No Yes
- d. Have you been convicted of a Narcotics offense in the last 5 years? No Yes
- e. Have you had any reckless driving charges in the past 2 years? No Yes
- f. Have you had any careless driving charges in the past 2 years? No Yes
- g. Have you had any accidents that where your fault in the past 2 years? No Yes
- h. Have you been convicted of a misdemeanor? No Yes
- i. Do you ride a motorcycle or ATV for recreation? No Yes
- j. Do you race a motorcycle or ATV at organized events or professionally? No Yes
- k. Have you ever been professionally treated for drugs or alcohol? No Yes
➤ If Yes, What year was the treatment? _____
- l. Are you in the Armed Forces? No Yes
- m. Will anyone other than you be paying for the policy? No Yes
- n. Will anyone other than the beneficiary claim the death benefit? No Yes
- o. Have you traveled outside of the United States in the last 2 years? No Yes
➤ If Yes, Where? _____
- p. Do you plan on travelling outside of the United States in the next 2 years? No Yes
➤ If Yes, Where? _____

Payment Information:

- Routing Number: Leave blank, we will collect this information on our call
- Account Number: Leave blank, we will collect this information on our call

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered by Steffens and Steffens, LLC or CES Insurance Agency.

276 US Highway 206, Suite A, Byram Township, NJ 07821 / Office Phone (973) 786-3696 / www.steffensfinancial.com

Primary Beneficiary Information

Who will be the Primary Beneficiary?

- 1st Primary Beneficiary Name _____ Percentage _____ %
- 2nd Primary Beneficiary Name _____ Percentage _____ %
- 3rd Primary Beneficiary Name _____ Percentage _____ %

1st Primary Beneficiary Information:

- 1st Primary Beneficiary Name: _____
- 1st Primary Beneficiary Address: _____
 same as insured _____
- The 1st Primary Beneficiary is my: Spouse Child Other _____
- 1st Primary Beneficiary Date of Birth: ____ / ____ / ____
- 1st Primary Beneficiary Social Security #: Leave blank, we will collect this information on our call

2nd Primary Beneficiary Information:

- 2nd Primary Beneficiary Name: _____
- 2nd Primary Beneficiary Address: _____
 same as insured _____
- The 2nd Primary Beneficiary is my: Spouse Child Other _____
- 2nd Primary Beneficiary Date of Birth: ____ / ____ / ____
- 2nd Primary Beneficiary Social Security #: Leave blank, we will collect this information on our call

3rd Primary Beneficiary Information:

- 3rd Primary Beneficiary Name: _____
- 3rd Primary Beneficiary Address: _____
 same as insured _____
- The 3rd Primary Beneficiary is my: Spouse Child Other _____
- 3rd Primary Beneficiary Date of Birth: ____ / ____ / ____
- 3rd Primary Beneficiary Social Security #: Leave blank, we will collect this information on our call

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered by Steffens and Steffens, LLC or CES Insurance Agency.

276 US Highway 206, Suite A, Byram Township, NJ 07821 / Office Phone (973) 786-3696 / www.steffensfinancial.com

Contingent / Secondary Beneficiary Information

Will there be a Contingent / Secondary Beneficiary: No Yes

- 1st Contingent Beneficiary Name _____ Percentage _____%
- 2nd Contingent Beneficiary Name _____ Percentage _____%
- 3rd Contingent Beneficiary Name _____ Percentage _____%

1st Contingent Beneficiary Information:

- 1st Contingent Beneficiary Name: _____
- 1st Contingent Beneficiary Address: _____
 same as insured _____
- The 1st Contingent Beneficiary is my: Spouse Child Other _____
- 1st Contingent Beneficiary Date of Birth: ____ / ____ / ____
- Contingent Beneficiary Social Security #: Leave blank, we will collect this information on our call

2nd Contingent Beneficiary Information:

- 2nd Contingent Beneficiary Name: _____
- 2nd Contingent Beneficiary Address: _____
 same as insured _____
- The 2nd Contingent Beneficiary is my: Spouse Child Other _____
- 2nd Contingent Beneficiary Date of Birth: ____ / ____ / ____
- Contingent Beneficiary Social Security #: Leave blank, we will collect this information on our call

3rd Contingent Beneficiary Information:

- 3rd Contingent Beneficiary Name: _____
- 3rd Contingent Beneficiary Address: _____
 same as insured _____
- The 3rd Contingent Beneficiary is my: Spouse Child Other _____
- 3rd Contingent Beneficiary Date of Birth: ____ / ____ / ____
- Contingent Beneficiary Social Security #: Leave blank, we will collect this information on our call

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered by Steffens and Steffens, LLC or CES Insurance Agency.

276 US Highway 206, Suite A, Byram Township, NJ 07821 / Office Phone (973) 786-3696 / www.steffensfinancial.com