

LIFE ASSURANCE DESIGN QUESTIONNAIRE

LIFE ASSURANCE

360°



INSURED INFORMATION

CLIENT NAME(S): 1. _____ 2. _____

DATE(S) OF BIRTH: 1. _____ 2. _____

GENDER: (M/F) 1. _____ 2. _____

NICOTINE USE? (Y/N) 1. _____ 2. _____

POLICY OWNER: _____ STATE OF OWNERSHIP: _____

EXISTING COVERAGE

DO YOU HAVE EXISTING LIFE INSURANCE? YES NO (IF YES, PLEASE LIST THE FOLLOWING DETAILS)

ISSUING COMPANY	INSURED	OWNER	DEATH BENEFIT	CASH SURRENDER VALUE	PREMIUM AMOUNT	PREMIUM DUE DATE

NOTES: _____

PURPOSE OF COVERAGE

Please select your main objective for obtaining life insurance coverage as well as any additional objectives that may apply.

PERSONAL: Me, my family, my estate, or their estate(s)

- SURVIVOR INCOME
- TAX DEFERRED SAVINGS
- RETIREMENT SUPPLEMENT
- LONG TERM CARE PLANNING
- ASSET DIVERSIFICATION
- ASSET VALUE HEDGE
- ESTATE LIQUIDITY
- ESTATE EQUALIZATION

BUSINESS: Business Planning, Continuity, or Succession

- BUSINESS CONTINUITY | *Buy-Sell Funding*
- BUSINESS CONTINUITY | *Key Person Insurance*
- EXECUTIVE BENEFIT

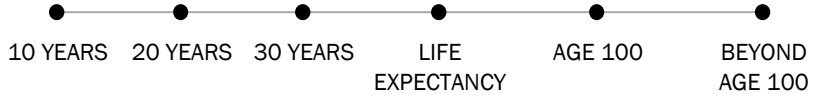
CHARITABLE: For the benefit of a charity or foundation

- ENHANCED CHARITABLE GIFTS
- ASSET REPLACEMENT



NEW POLICY SPECIFICATIONS

DESIRED DEATH BENEFIT: _____ DURATION OF DEATH BENEFIT (enter age or circle on line below) AGE: _____



DESIRED PREMIUM: _____ DURATION OF PREMIUM (enter age or circle on line below) AGE: _____



DESIRED CASH VALUE ACCUMULATION AMOUNT: _____ AT AGE: _____ YEAR: _____

DESIRED ANNUAL POLICY DISTRIBUTION AMOUNT: _____ START AGE: _____ END AGE: _____

DESIGN PRIORITIES

Please rank the following design elements 1-5 in order of importance to you (1 being most important, 5 being least important). For a more detailed discussion on each element, please refer to the Policy Design Determinants section.

DESIGN ELEMENTS AND DEFINITIONS	RANK
SAFETY: The degree of protection over your death benefit and the equity in your policy.	
FLEXIBILITY: The ability to modify your plan as needs and circumstances change.	
EQUITY: The ability to accumulate accessible cash value in your policy.	
CERTAINTY: The degree of confidence that policy design parameters will perform as expected.	
PREMIUM LEVEL: Minimizing the out of pocket expense for coverage given your goals and design priorities.	

NOTES

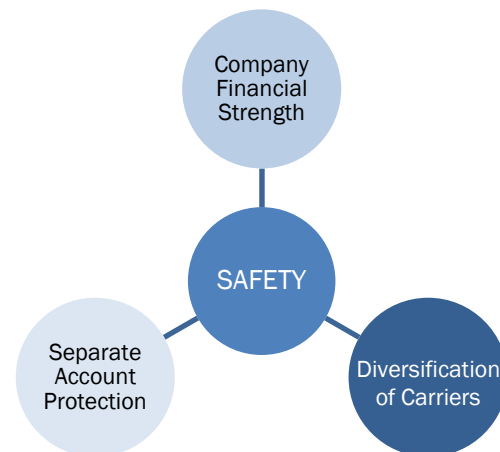


SAFETY | *The degree of protection over your death benefit and the equity in your policy.*

The safety of a life insurance plan is determined by three areas: (1) the financial strength of the life insurance company(s) chosen; (2) diversification of the death benefit between two or more companies to reduce the risk of one carrier defaulting on its obligations; and (3) the protection cash value has from the creditors of the insurance company. Depending upon your preferences, we can include a combination of these areas or all three in your plan.

WHICH ELEMENTS OF SAFETY ARE MOST IMPORTANT TO YOU ?

(Circle on graph)



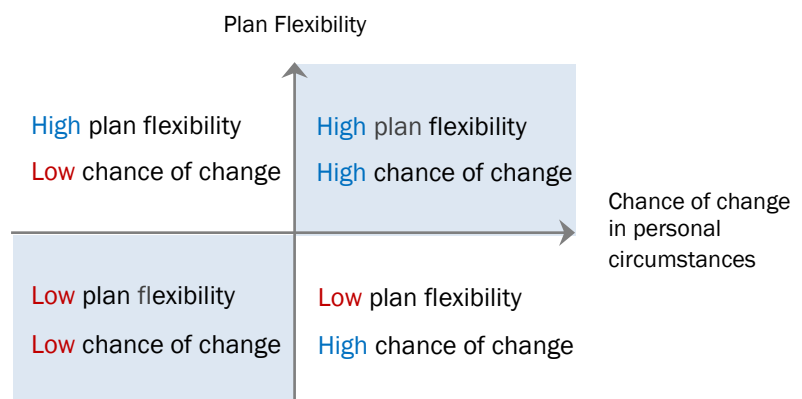
FLEXIBILITY | *The ability to modify your plan as needs and circumstances change*

Certain life insurance policies allow for changes to the amount, timing, and duration of premium payments, as well as changes to the amount of coverage while you are insured. The flexibility in your policy should correspond with the level of change you anticipate in your personal circumstances over time. Flexibility in your life insurance plan can enable you to:

<input type="checkbox"/> Reduce premiums	<input type="checkbox"/> Access your policy benefits in the event of disability
<input type="checkbox"/> Alter timing and/or duration of premiums	<input type="checkbox"/> Alter the ways your cash value is invested
<input type="checkbox"/> Increase or decrease your death benefit	<input type="checkbox"/> Convert to a different product

HOW MUCH FLEXIBILITY DO YOU NEED IN YOUR PLAN ?

(Check box(es) above that apply)





EQUITY | *The ability to accumulate accessible cash value in your policy.*

Equity in your policy functions as a tax advantaged savings account that may be accessed at your discretion. Depending upon the type of policy you have, equity may accumulate from premiums in excess of policy charges, investment returns of the insurance carrier, or investments returns from exposure to the equity markets.

IS HAVING EQUITY IMPORTANT TO YOU ?

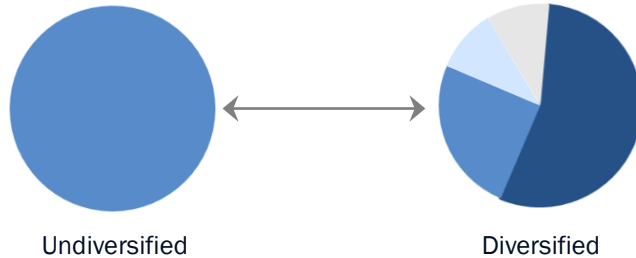
(Check box(es) that apply)

WAYS EQUITY MAY BE USED:

<input type="checkbox"/> Increase Coverage	<input type="checkbox"/> Reduce Premiums
<input type="checkbox"/> Loan Against	<input type="checkbox"/> Supplement Retirement
<input type="checkbox"/> Support the Death Benefit	<input type="checkbox"/> Provide Emergency Funds

HOW WOULD YOU LIKE YOUR EQUITY INVESTED ?

(Circle one graph)

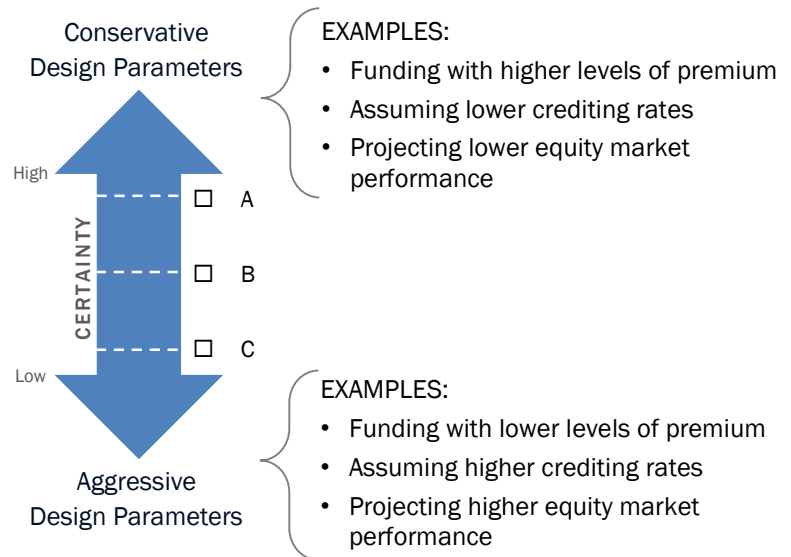


CERTAINTY | *The degree of confidence that policy design parameters will perform as expected.*

Depending upon your unique design priorities and stated goals, we can design your policy to last a lifetime or a certain number of years. However, the actual length of your policy may be influenced by factors such as the amount and timing of premiums paid, the earnings on policy cash value, changes in policy charges, and other contractual provisions. The graph below illustrates how the inherent risk to you and the range of possible outcomes can vary based on the assumptions used in designing and managing your policy.

HOW MUCH CERTAINTY DO YOU WANT IN YOUR PLAN

(Check one box)





SAFETY | *The degree of protection over your death benefit and the equity in your policy.*

The safety of your policy is measured by three areas: the financial strength of the life insurance carrier that you choose, the degree to which we include additional carriers in your plan to diversify the risk of insurance company default, and the protection your accumulated earnings have from your creditors and the creditors of the insurance company.

Would you be willing to pay a higher premium to purchase from a financially strong carrier?

YES NO

Would you be willing to pay a higher premium to diversify your investment between insurance companies?

YES NO

If yes to either of the above, how much more would you be willing to pay for those benefits?

< 5% MORE 5-10% MORE 10-15% MORE 15-20% MORE >20% MORE



FLEXIBILITY | *The ability to modify your plan as needs and circumstances change.*

Certain life insurance policies will allow for greater changes than others to the amount, timing, and duration of premium payments as well as changes to the amount of coverage while you are insured. The flexibility in your policy should correspond with the level of change you anticipate in your personal circumstances over time.

How important is it for you to have the option of altering your premium payment schedule in the future if needs or circumstances change?

VERY IMPORTANT IMPORTANT SOMEWHAT IMPORTANT NOT IMPORTANT

How important is it to you to have the option of altering your death benefit in the future if needs or circumstances change?

VERY IMPORTANT IMPORTANT SOMEWHAT IMPORTANT NOT IMPORTANT

Would you like to be able to direct or modify the investments inside your policy?

YES NO



EQUITY | *The ability to accumulate accessible cash value in your policy.*

Equity in your policy functions as a tax advantaged savings account that may be accessed at your discretion to reduce future premium payments, increase coverage, borrow against, or even supplement retirement income. Depending upon the type of policy you have, equity may accumulate from premiums in excess of policy charges, investment returns of the insurance carrier, or investments returns from exposure to the equity markets.

How important is it to you that the premiums you pay go towards building equity in your policy?

- VERY IMPORTANT IMPORTANT SOMEWHAT IMPORTANT NOT IMPORTANT

If building equity is important to you, how might you envision using your equity in the future? (Check all that apply)

- TO INCREASE COVERAGE TO REDUCE FUTURE PREMIUMS TO SUPPLEMENT RETIREMENT
 TO RECOVER PREMIUMS TO USE AS AN EMERGENCY FUND LONG TERM CARE FUNDING
 NOT APPLICABLE

The rate at which equity accumulates depends upon the type of policy you have as well as the policy's underlying investments. Knowing this, please choose the accumulation scenario you prefer given your goals and time horizon:

ACCUMULATION SCENARIO	<input checked="" type="checkbox"/>
My equity has the potential for modest accumulation driven primarily by the returns of bonds and mortgages and is partially held in the insurance company's general account.	<input type="checkbox"/>
My equity has the potential for high accumulation driven by the securities market and is held in a separate account for my benefit; however, it is subject to market volatility and may experience both gains and losses.	<input type="checkbox"/>



CERTAINTY | *The degree of confidence that policy design parameters will perform as expected.*

Your policy may be designed initially to last a lifetime or a certain number of years depending upon your goals and the design parameters you set. However, the actual length of your policy will be determined by such factors as the amount of premiums paid, the actual earnings rates received, policy charges applied, and other contractual provisions.

Which level of assumptions would you prefer to use in your policy?

- CONSERVATIVE MODERATE AGGRESSIVE

Would you be willing to pay a higher premium that is based on conservative assumptions if that premium would be unlikely to increase in the future?

- YES NO

How much more would you be willing to pay to create additional certainty that your premiums will not increase and/or your benefits will not decrease?

- 0% 10-20% 20-30% 30-50% >50%

PREQUALIFICATION UNDERWRITING QUESTIONS



Please answer the following questions to enable us to be as accurate as possible when evaluating your life insurance opportunities.

Client 1 Name: _____

Client 2 Name: _____

Height: _____ Weight: _____

Height: _____ Weight: _____

Date of Birth: _____ Sex: M F

Date of Birth: _____ Sex: M F

Do you have a personal history of any of the following conditions?

Client 1		Client 2	
Yes	No	Yes	No

Cancer or tumors

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Asthma, emphysema, obstructive sleep apnea, or COPD?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Depression, Anxiety, or other mental nervous condition?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cardiovascular disorder, including heart attack, coronary artery disease, arrhythmia, valvular disease, heart murmur, cerebrovascular disease, stroke, or TIA?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Diabetes, elevated blood sugar, or glucose intolerance?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Any other health impairment or medically treated condition? If yes, please specify below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(CLIENT 1) _____

(CLIENT 2) _____

Have you had any medical tests, such as a treadmill stress test, X-Ray, MRI, heart scan, sleep study, or echocardiogram?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have any family history (parents or siblings) of death prior to age 60 from cardiovascular disease or cancer?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you used tobacco in any form within the past 10 years? If yes, please specify type and date of use below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are you currently taking any medications? If yes, please provide name and dosage below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you had any driving infractions, including moving violations, DUI/DWI, reckless driving, or license suspensions in the last 5 years?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you been rated or declined for life insurance in the past?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are you a pilot, other than for a commercial passenger airline?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you engage in automobile or motorcycle racing, parachuting, sky or scuba diving, hang gliding, bungee jumping or any other hazardous sport?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do you plan to travel outside the United States within the next twelve months?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If YES was selected for any of the above, please provide details.

(CLIENT 1) _____

(CLIENT 2) _____