

**SUITABILITY INFORMATION QUESTIONNAIRE FOR APPLICANT/INSURED  
OTHER THAN TERM LIFE INSURANCE WITH NO CASH VALUE**

(NEW YORK INSURANCE REGULATION 187)

Name(s): \_\_\_\_\_

Age: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

Financial Situation & Needs (describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Experience:

\_\_\_\_\_  
\_\_\_\_\_

Financial Objectives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Use of the Policy and Any Riders:

\_\_\_\_\_  
\_\_\_\_\_

## SUITABILITY INFORMATION QUESTIONNAIRE FOR APPLICANT/INSURED OTHER THAN TERM LIFE INSURANCE WITH NO CASH VALUE (Page 2)

Name(s): \_\_\_\_\_

Time Horizon (list duration of existing debts & obligations):

<u>Type</u>	<u>Duration</u>	<u>Outstanding Balance (\$)</u>
<b>TOTAL</b>		

Existing Financial Assets:

<u>Type</u>	<u>Value as of Today's Date (\$)</u>
<b>TOTAL</b>	

Liquid Net Worth (Assets minus Obligations): \$ \_\_\_\_\_

# SUITABILITY INFORMATION QUESTIONNAIRE FOR APPLICANT/INSURED OTHER THAN TERM LIFE INSURANCE WITH NO CASH VALUE (Page 3)

Name(s): \_\_\_\_\_

Liquidity Needs:

\_\_\_\_\_  
\_\_\_\_\_

Risk Tolerance:

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very High                | Somewhat High            | Medium                   | Somewhat Low             | Very Low                 |

Willingness To Accept Variable Premiums, Death Benefits, Fees, etc.:

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very Willing             | Somewhat Willing         | Neutral                  | Somewhat Unwilling       | Very Unwilling           |

Tax Status (Bracket):

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10%                      | 12%                      | 22%                      | 24%                      | 32%                      | 35%                      | 37%                      |

Other Relevant Information:

\_\_\_\_\_  
\_\_\_\_\_

Applicant/Insured Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date