

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

(NEW YORK INSURANCE REGULATION 187)

Name(s): _____

Age: _____

Annual Income: \$ _____

Financial Situation & Needs (describe):

Financial Objectives:

Intended Use of the Policy and Any Riders:

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

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Name(s): _____

Existing Assets:

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

Other Relevant Information:

Applicant/Insured Signature:

Signature

Date