

Securelife Preliminary Underwriting Questionnaire

MISCELLANEOUS

Before submitting an application or this questionnaire, please consult the Underwriting Pre-Screening Guidelines in the Advisor's Guide (http://www.hunter-mccorquodale.com/productportfolio/securelife/seclife_guide.html). If your client appears to fall within the guidelines for acceptable risks, please complete the following brief questionnaire and fax (416-322-6846) or email (info@hunmcc.com) it to us.

Client name (optional): Age or Birthdate:

Height: Weight: Male Female Smoker: Yes No

1. Nature of impairment/condition: (please give as much information as possible)

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2. Number of occurrences:

3. Date of last occurrence:

4. Name(s) of Doctors/Specialists seen:

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5. What tests have been done?

6. If hospitalized, nature of treatment

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7. Current medications

8. Any disability due to this condition?

9. Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary, or complete the appropriate questionnaire.

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Advisor Name: _____ email: _____

Advisor telephone: _____ Today's date: _____