

Obesity Questionnaire

Name

DOB

Gender

| | |
|--|--|
| Desired face amount and type of coverage: | |
| Height and Weight: | |
| What is the applicant's current build? Please be as accurate as possible. | |
| Has there been any weight change in the last 12 months? If yes, provide details. | |
| If parents have a similar build issue, please provide details and current age (or age at death) of parents: | |
| Other information: | |

Please return the completed to your financial professional.

All quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.