

<b>Proposed Insured</b>		
First name _____	Middle name _____	Last name _____
Date of Birth _____ (mmm/dd/yyyy)	Policy/certificate number (if available): _____	

Note – “You” and “your” mean the proposed insured. “Application” means the Application for Individual Life Insurance on the proposed insured.

Personal Net Worth

<b>Assets:</b>	<b>Dollars</b>	<b>Current &amp; short term Liabilities</b>	<b>Dollars</b>
Cash on hand & in Banks:	_____	Mortgages:	_____
Stocks, bonds, funds:	_____	Loans:	_____
Real estate:	_____	Other liabilities (specify):	_____
Personal Property (auto, furniture, etc.):	_____		_____
Business equity:	_____		
Other (specify):	_____		
	_____		
<b>Total assets:</b>	_____	<b>Total current &amp; short term liabilities:</b>	_____
<b>Net worth (total assets minus total current &amp; short term liabilities):</b>		_____	

Personal Income

<b>Earned income (annual):</b>	<b>Dollars</b>	<b>Unearned income (annual)</b>	<b>Dollars</b>
Salary & wages:	_____	Dividends:	_____
Bonus:	_____	Interest:	_____
Commission:	_____	Net Rentals:	_____
Other (specify):	_____	Other (specify):	_____
	_____		_____
<b>Total earned income:</b>	_____	<b>Total unearned income:</b>	_____

Has there been any major increase or decrease in your income since last year? Yes  No

If “Yes”, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Are there any suits pending or judgments against you at this time? Yes  No

If “Yes”, please provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you been involved in any bankruptcy (personal or business)? Yes  No

If “Yes”, please provide details including dates of discharge, where applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I have read this Personal Financial Questionnaire and represent that the information provided, as shown in this questionnaire, is true, and is a complete disclosure of all information requested in this questionnaire, to the best of my knowledge and belief. I understand and agree that this questionnaire is part of and subject to the Application. I also understand and agree that the information provided in this questionnaire will be relied upon as evidence of insurability that will influence the assessment and acceptance of the application by Foresters Financial™.

X \_\_\_\_\_  
Signature of proposed insured (if the proposed insured is not a juvenile)

Signed at \_\_\_\_\_  
(City, Province)

Signed on \_\_\_\_\_  
Date (mmm/dd/yyyy)