

Supplement to the Life Insurance Application

Personal Financial Questionnaire

We retain the right to require additional documentation and/or financial and tax statements for verification as needed.

Proposed Insured: _____ Date of Birth: ____/____/____
First Middle Last MM DD YYYY

Please provide a breakdown of proposed insured's income and worth below:

Assets	Liabilities	Proposed Insured's Earned Income – Past Year	Proposed Insured's Unearned Income – Past Year
Cash in Bank \$	Unpaid Interest & Taxes \$	Salary (if self employed, provide gross and net) \$	Pension/Social Security \$
Primary Real Estate ¹ \$	Mortgages \$	Bonus \$	Disability Payments, if Applicable \$
Other Real Estate Holdings ¹ \$	Credit Card Debt \$	Commission \$	Dividends/Interest \$
Stocks, Bonds, Securities \$	Secured Loans \$	Spouse's Earned Income \$	Rentals/Royalties \$
Personal Property \$	Personal Notes \$	Other \$	Other \$
Business Equity ² \$	Other Long Term Debt \$	Total Earned Income \$	Total Unearned Income \$
Life Insurance Cash Value \$	Other Liabilities (provide details) \$		
401K, IRA or SEP \$	\$		
Annuities \$	\$		
Other Assets – Provide Details \$	\$		
Total Assets \$	- Total Liabilities \$	= Net Worth \$	

¹ Real estate holdings (If additional space is needed, list on a separate sheet which is signed and dated)

Property Address	Purchase Price	Date Purchased	Current Market Value	How Was Value Determined	Ownership	Outstanding Mortgage Amount
	\$		\$		%	\$
	\$		\$		%	\$
	\$		\$		%	\$
	\$		\$		%	\$
TOTALS			\$			\$

² Business Equity (If additional space is needed, list on a separate sheet which is signed and dated)

Name of Business	Type of business	Year Acquired	Percentage Owned	Fair Market Value	How Was Value Determined

Personal Financial Questionnaire – continued

1. Do you expect any significant changes in income or net worth in the next year? Yes No
If "Yes", explain: _____

2. Have you declared bankruptcy in the past 5 years or do you anticipate declaring bankruptcy in the future?
If "Yes", check which applies and provide details below: Yes No

Type of bankruptcy: Chapter 7 (debt forgiveness) Chapter 13 (debt reorganization)

Date Filed: ____/____/____
MM DD YYYY

Current status: Still open Closed If closed, provide date bankruptcy was discharged: ____/____/____
MM DD YYYY

3. Are there any pending lawsuits or liens against you or any of your business interests? Yes No
If "Yes", please provide details: _____

Please check purpose for death benefit need:

- Income Replacement Retirement Income Estate Preservation Final Expenses
- Charitable Giving – Provide annual donation amount \$ _____
- Mortgage Protection - Provide mortgage amount \$ _____
- Debt repayment/loan protection - Loan amount \$ _____ (Provide a copy of the loan)
- Other: _____

How was the face amount determined? _____

A detailed cover letter is strongly encouraged.

Third Party Financial Advisor Information

Do you have a third party financial advisor (i.e. attorney, CPA, certified financial planner) or did an advisor help you prepare this Personal Financial Questionnaire? If "Yes" please provide the following details: Yes No

Advisor's Name: _____ Designation: _____ License #: _____

Accounting Firm Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ - _____ - _____ How long have they been representing you? _____

In what capacity have they represented you? _____

I understand that my answers to the questions on this form are part of my complete application for life insurance. I represent that all information and values provided on this form are true and accurate statements to the best of my knowledge and belief. I further agree that I will notify Allianz if any statement or answer given on this Personal Financial Questionnaire changes prior to policy delivery. I am aware that Allianz will rely on these answers and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy.

CAUTION: Review your answers carefully; if your answers are incorrect or untrue, Allianz may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy. A copy of this supplement to the life insurance application will be attached to and made part of any life insurance policy issued.

Proposed insured's signature: _____ Today's Date: ____/____/____

Proposed owner's signature: _____ Today's Date: ____/____/____

Agent's signature: _____ Today's Date: ____/____/____