

# LIFE ASSURANCE DESIGN QUESTIONNAIRE

LIFE ASSURANCE  
**360**<sup>o</sup>



## INSURED INFORMATION

CLIENT NAME(S): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 DATE(S) OF BIRTH: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 GENDER: (M/F) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 NICOTINE USE? (Y/N) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 POLICY OWNER: \_\_\_\_\_ STATE OF OWNERSHIP: \_\_\_\_\_

## EXISTING COVERAGE

DO YOU HAVE EXISTING LIFE INSURANCE?  YES  NO (IF YES, PLEASE LIST THE FOLLOWING DETAILS)

ISSUING COMPANY	POLICY OWNER	DEATH BENEFIT	CASH SURRENDER VALUE	PREMIUM AMOUNT	PREMIUM DUE DATE

NOTES: \_\_\_\_\_

## PURPOSE OF COVERAGE

Please select your main objective for obtaining life insurance coverage as well as any additional objectives that may apply.

**PERSONAL:** Me, my family, my estate, or their estate(s)

- SURVIVOR INCOME
- TAX DEFERRED SAVINGS
- RETIREMENT SUPPLEMENT
- LONG TERM CARE PLANNING
- ASSET DIVERSIFICATION
- ASSET VALUE HEDGE
- ESTATE LIQUIDITY
- ESTATE EQUALIZATION

**BUSINESS:** Business Planning, Continuity, or Succession

- BUSINESS CONTINUITY | *Buy-Sell Funding*
- BUSINESS CONTINUITY | *Key Person Insurance*
- EXECUTIVE BENEFIT

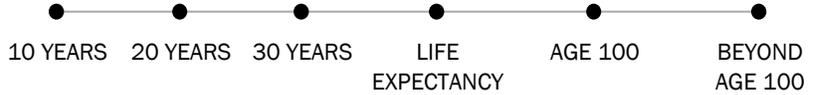
**CHARITABLE:** For the benefit of a charity or foundation

- ENHANCED CHARITABLE GIFTS
- ASSET REPLACEMENT



NEW POLICY SPECIFICATIONS

DESIRED DEATH BENEFIT: \_\_\_\_\_ DURATION OF DEATH BENEFIT (enter age or circle on line below) AGE: \_\_\_\_\_



DESIRED PREMIUM: \_\_\_\_\_ DURATION OF PREMIUM (enter age or circle on line below) AGE: \_\_\_\_\_



DESIRED CASH VALUE ACCUMULATION AMOUNT: \_\_\_\_\_ AT AGE: \_\_\_\_\_ YEAR: \_\_\_\_\_

DESIRED ANNUAL POLICY DISTRIBUTION AMOUNT: \_\_\_\_\_ START AGE: \_\_\_\_\_ END AGE: \_\_\_\_\_

DESIGN PRIORITIES

Please rank the following design elements 1-5 in order of importance to you (1 being most important, 5 being least important). For a more detailed discussion on each element, please refer to the Policy Design Determinants section.

DESIGN ELEMENTS AND DEFINITIONS	RANK
SAFETY: The degree of protection over your death benefit and the equity in your policy.	
FLEXIBILITY: The ability to modify your plan as needs and circumstances change.	
EQUITY: The ability to accumulate accessible cash value in your policy.	
CERTAINTY: The degree of confidence that policy design parameters will perform as expected.	
PREMIUM LEVEL: Minimizing the out of pocket expense for coverage given your goals and design priorities.	

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## SAFETY | *The degree of protection over your death benefit and the equity in your policy.*

*The safety of your policy is measured by three areas: the financial strength of the life insurance carrier that you choose, the degree to which we include additional carriers in your plan to diversify the risk of insurance company default, and the protection your accumulated earnings have from your creditors and the creditors of the insurance company.*

Would you be willing to pay a higher premium to purchase from a financially strong carrier?

YES  NO

Would you be willing to pay a higher premium to either diversify your investment between insurance companies or to protect your assets from the creditors of the insurance company in the event of insolvency?

YES  NO

If yes to either of the above, how much more would you be willing to pay for those benefits?

< 5% MORE  5-10% MORE  10-15% MORE  15-20% MORE  >20% MORE



## FLEXIBILITY | *The ability to modify your plan as needs and circumstances change.*

*Certain life insurance policies will allow for greater changes than others to the amount, timing, and duration of premium payments as well as changes to the amount of coverage while you are insured. The flexibility in your policy should correspond with the level of change you anticipate in your personal circumstances over time.*

How important is it for you to have the option of altering your premium payment schedule in the future if needs or circumstances change?

VERY IMPORTANT  IMPORTANT  SOMEWHAT IMPORTANT  NOT IMPORTANT

How important is it to you to have the option of altering your death benefit in the future if needs or circumstances change?

VERY IMPORTANT  IMPORTANT  SOMEWHAT IMPORTANT  NOT IMPORTANT

Would you like to be able to direct or modify the investments inside your policy?

YES  NO



## EQUITY | *The ability to accumulate accessible cash value in your policy.*

*Equity in your policy functions as a tax advantaged savings account that may be accessed at your discretion to reduce future premium payments, increase coverage, borrow against, or even supplement retirement income. Depending upon the type of policy you have, equity may accumulate from premiums in excess of policy charges, investment returns of the insurance carrier, or investments returns from exposure to the equity markets.*

How important is it to you that the premiums you pay go towards building equity in your policy?

VERY IMPORTANT  IMPORTANT  SOMEWHAT IMPORTANT  NOT IMPORTANT

If building equity is important to you, how might you envision using your equity in the future? (Check all that apply)

TO INCREASE COVERAGE  TO REDUCE FUTURE PREMIUMS  TO SUPPLEMENT RETIREMENT

TO RECOVER PREMIUMS  TO USE AS AN EMERGENCY FUND  LONG TERM CARE FUNDING  NOT APPLICABLE



The rate at which equity accumulates depends upon the type of policy you have as well as the policy's underlying investments. Knowing this, please choose the equity accumulation scenario you prefer given your goals and time horizon:

ACCUMULATION SCENARIO	✓
My equity has the potential for modest accumulation driven by the returns of lower yielding, lower volatility securities (primarily bonds and mortgages) and it is partially held in the insurance company's general account.	
My equity has the potential for high accumulation driven by the securities market and is held in a separate account for my benefit; however, it is subject to market volatility and may experience both gains and losses.	



## CERTAINTY | *The degree of confidence that policy design parameters will perform as expected.*

*Your policy may be designed initially to last a lifetime or a certain number of years depending upon your goals and the design parameters you set. However, the actual length of your policy will be determined by such factors as the amount of premiums paid, the actual earnings rates received, policy charges applied, and other contractual provisions.*

Which level of assumptions would you prefer to use in your policy?

CONSERVATIVE  MODERATE  AGGRESSIVE

Would you be willing to pay a higher premium that is based on conservative assumptions if that premium would be unlikely to increase in the future?

YES  NO

How much more would you be willing to pay to create additional certainty that your premiums will not increase and/or your benefits will not decrease?

0%  10-20%  20-30%  30-50%  >50%

## DESIGN PRIORITIES

*Given your responses to all questions above, please rank the following design elements 1 through 5 in order of importance (1 being most important, 5 being least important):*

DESIGN ELEMENTS AND DEFINITIONS	RANK
SAFETY: The degree of protection over your death benefit and the equity in your policy.	
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EQUITY: The ability to accumulate accessible cash value in your policy.	
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PREMIUM LEVEL: Minimizing the out of pocket expense for coverage given your goals and design priorities.	

# PREQUALIFICATION UNDERWRITING QUESTIONS



Please answer the following questions to enable us to be as accurate as possible when evaluating your life insurance opportunities.

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a personal history of any of the following conditions?	Yes	No
Cancer or tumors	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, emphysema, obstructive sleep apnea, or COPD?	<input type="checkbox"/>	<input type="checkbox"/>
Depression, Anxiety, or other mental nervous condition?	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disorder, including heart attack, coronary artery disease, arrhythmia, valvular disease, heart murmur, cerebrovascular disease, stroke, or TIA?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, elevated blood sugar, or glucose intolerance	<input type="checkbox"/>	<input type="checkbox"/>
Any other health impairment or medically treated condition? _____	<input type="checkbox"/>	<input type="checkbox"/>

Have you had any medical tests, such as a treadmill stress test, X-Ray, MRI, heart scan, sleep study, or echocardiogram?

Do you have any family history (parents or siblings) of death prior to age 60 from cardiovascular disease or cancer?

Have you used tobacco in any form within the past 10 years? If yes, please provide type and date of use

Are you currently taking any medications? If yes, please provide name and dosage.

\_\_\_\_\_

Have you had any driving infractions, including moving violations, DUI/DWI, reckless driving, or license suspensions in the last 5 years?

Have you been rated or declined for life insurance in the past?

Are you a pilot, other than for a commercial passenger airline?

Do you engage in automobile or motorcycle racing, parachuting, skin or scuba diving, hang gliding, bungee jumping or any other hazardous sport?

Do you plan to travel outside the United States within the next twelve months?

If YES was selected for any of the above, please provide details. \_\_\_\_\_

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