

eApp client information questionnaire

FOR AGES 0-14

Insured information

First name _____ Middle initial _____ Last name _____
DOB ____ / ____ / ____ Gender: Male Female
State of solicitation _____ County of residence _____
Birth country _____ Birth state (U.S.) _____
Citizenship _____ SSN/Tax ID _____ - ____ - ____
Total net worth \$ _____
Annual earned income of parent or guardian \$ _____

Owner information

First name _____ Middle initial _____ Last name _____
DOB ____ / ____ / ____ Gender Male Female Phone number _____
Street address _____ City _____ State _____ Zip _____
County _____ Email _____ SSN/Tax ID _____ - ____ - ____
Driver's license number _____ Issue state _____ Expiration _____

Contact information

Cell phone _____ Home phone _____
Street address _____ City _____ State _____ Zip _____
County _____ Email _____

Health and lifestyle (proposed insured)

Current height _____ ft _____ in Current weight _____ lbs
Do you plan to travel or reside outside the United States in the next two years? Yes No
Have you had a life expectancy report or evaluation done by an outside entity or company? Yes No
Have you (within the last five years), or do you (within the next two years) plan to engage in skin diving (scuba or other), mountain/rock climbing, horse racing, rodeo, canyoneering, combat sports, extreme skiing/snowboarding, or motor sports? Yes No
(If yes, complete the Sports and Avocations Statement form)
Have you applied for insurance in the last six months? Yes No
If yes, provide details _____
Have you applied for life insurance in the past five years that was declined or rated? Yes No
If yes, provide details _____

EFT information

Bank name _____ Bank city _____
Bank state _____ Account type _____
Account number _____ Bank routing number _____

Beneficiary information

Beneficiary 1

First name _____ Last name _____
Relationship to insured _____ Percentage of death benefit _____

Beneficiary 2

First name _____ Last name _____
Relationship to insured _____ Percentage of death benefit _____

Insurance information

Amount applied for \$ _____ Planned premium (permanent products) \$ _____
Agreements/Riders _____

Death benefit option Increasing Sum of premiums Level
Death benefit qualification Guideline Premium Test (GPT) Cash Value Accumulation Test (CVAT)

Existing insurance information

Death benefit amount \$ _____ Type of insurance _____
Is this a replacement? Yes No
Company _____ Policy number _____
Year issued _____

Please note additional information may be required, depending upon the specific case.
This form contains sensitive client information and should only be sent over an encrypted email server.

Questions?

Contact your financial professional.



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