



Confidential Financial Questionnaire

This form may be completed in private and forwarded to the personal attention of: Director of Underwriting, National Life Insurance Company, Montpelier, Vermont 05604.

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

The following financial disclosures are made for the purpose of establishing insurability in connection with the pending insurance application on my life. They are furnished as a true and accurate statement of my financial condition on (mm/dd/yyyy) _____

A. Income	Last Year	1 Year Prior	2 Years Prior
Annual Salary or Adjusted Gross Income from self-employment:	_____	_____	_____
Dividends etc.:	_____	_____	_____
Other Income: <i>(Describe below)</i>	_____	_____	_____
Total	_____	_____	_____

Details of other income: _____

B. Assets		Liabilities	
Cash in Banks:	\$ _____	Notes Payable:	\$ _____
Receivables:	\$ _____	Accounts Payable:	\$ _____
Cash Value Life Insurance:	\$ _____	Loans on Life Insurance:	\$ _____
Real Estate:	\$ _____	Taxes and Interest Due:	\$ _____
Business Interest:	\$ _____	Real Estate Mortgages or Liens:	\$ _____
Stocks and Bonds: <i>(not included above)</i>	\$ _____	Other Liabilities: <i>(describe below)</i>	\$ _____
Personal Property: <i>(auto, furniture, etc.)</i>	\$ _____	Total Liabilities:	\$ _____
Other Assets: <i>(describe below)</i>	\$ _____		
Total Assets:	\$ _____	Net Worth:	\$ _____

Additional Remarks