

MILITARY QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Nar	ne of Proposed Insured:	DOB:	
			MM/DD/YYYY
1)	Do you belong to an active military component? 🔲 No 🗌 Yes		
	If no, are you a member of the: 🗌 National Guard 🗌 Reserves		
	If serving in any capacity listed above, which branch of service?		
- /	☐ Army	US Marine Corps	
	Navy	Coast Guard	
	Air Force	Other:	
4)	Please indicate:		
-,	Career military	Serving military obligation	
5)	f a member of the Reserves or National Guard, are you currently:		
3)	Active Reserve	Retired Reserve	
		National Guard	
	Individual Ready Reserve (IRR)		
C \	Other:		
6)	Rank:		· · · · · · · · · · · · · · · · · · ·
		Enlisted (pay grade	_)
7)	Designation of Assigned Unit, including location:		
•			
8)	Military Occupational Specialty (MOS):		
In addition indicate if current duties include:			
	Scuba or other underwater diving		
	Demolition or ordinance disposal		
	Aviation, please indicate whether pilot or crew, and type of aircraft:		
9)	Have you been alerted, placed on stand-by or volunteered for overseas duty?		
	☐ No ☐ Yes If yes, please provide details:		
10)	If currently active duty, please provide deta	Is of last Permanent Change of Stati	on (PCS), including location:
			• • • • • • • • • • • • • • • • • • • •
When is your next PCS expected?			
Lunderstand that this declaration will be relied upon by 1901 Financial Life in determining my incurse ility. Lunderstand that any			
I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above			
answers are true and complete to the best of my knowledge.			

Signature of Proposed Insured Date If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery