



MILITARY QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

- 1) Do you belong to an active military component?
2) If no, are you a member of the:
3) If serving in any capacity listed above, which branch of service?
4) Please indicate:
5) If a member of the Reserves or National Guard, are you currently:
6) Rank:
7) Designation of Assigned Unit, including location:
8) Military Occupational Specialty (MOS):
9) Have you been alerted, placed on stand-by or volunteered for overseas duty?
10) If currently active duty, please provide details of last Permanent Change of Station (PCS), including location:
When is your next PCS expected?

I understand that this declaration will be relied upon by 1891 Financial Life Insurance 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