



financial life

A Fraternal Benefit Society

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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? No Yes
- 2) If no, are you a member of the: National Guard Reserves
- 3) 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) If a member of the Reserves or National Guard, are you currently:
 - Active Reserve Retired Reserve
 - Individual Ready Reserve (IRR) National Guard
 - Other: _____

- 6) Rank: _____
 - Officer Warrant Officer 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 details of last Permanent Change of Station (PCS), including location: _____

11) When is your next PCS expected? _____

For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. 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.