



P.O. Box 830619
Birmingham, AL 35283-0619
1-800-366-9378

INDIVIDUAL LIFE INSURANCE - CONFIDENTIAL FINANCIAL STATEMENT

Name of Proposed Insured:

The following financial disclosures are made for the purposes of establishing insurability in connection with pending Life Insurance Application on my life. They are furnished as a true and accurate statement of my financial condition on _____, 20 _____.

ASSETS

Cash in Banks: *(Include approximate balance)*

\$

Notes Receivable:

\$

Real Estate: *(Include name of the owner as titled for tax purposes, full address, and a description of the property such as personal residence, commercial property, rental property, farm, etc.)*

\$

Stocks, Bonds, Mutual funds, or Other Investments: *(Include the type of investment and the current value. Quarterly statements can be submitted.)*

\$

Business Interest: *(Provide the name of the business, address, estimated market value, your percentage of ownership, and corporate structure such as S Corporation, C Corporation, etc.)*

\$

Other: *(Personal property, collectibles, etc.)*

\$

TOTAL ASSETS: \$ _____

LIABILITIES

Mortgage: <i>(Primary Residence)</i>	\$
Mortgage: <i>(2nd Home)</i>	\$
Home Equity Loans, Second Mortgage, Etc:	\$
Mortgages for Rental Properties:	\$
Mortgages or Liens on Real Estate:	\$
Notes Payable to Banks:	\$
Notes Payable to Others:	\$
Accounts Payable:	\$
Taxes Payable:	\$
Credit Card, Auto Loans, Other Personal Debt: <i>(Describe)</i>	\$
Pending Suits, Tax Liens or Other Liabilities: <i>(Describe)</i>	\$

TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____
(assets minus liabilities)

ANNUAL INCOME	LAST YEAR	PRIOR YEAR
Annual Salary: <i>(Salary paid to you as an employee or business owner)</i>	\$	\$
Social Security Income:	\$	\$
Bonuses:	\$	\$
Interest:	\$	\$
Income Derived from Investments, Dividends, Bonds, etc:	\$	\$
Retirement Income: <i>(Pension, 401K, Annuities, etc)</i>	\$	\$
Other Income: <i>(Give details)</i>	\$	\$
TOTAL:	\$ _____	\$ _____

There are no suits pending or judgements against me at this time EXCEPT:

Have you personally guaranteed a debt owed by another party? Yes No If Yes, give details:

VERIFICATION OF INFORMATION

Please provide the name, address, and phone number for CPA, Tax Attorney, or other 3rd party financial professional that we can contact should 3rd party verification of information be required.

SIGNATURES

I have read or have had read to me the completed Supplemental Application before signing below. The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be part of the application and shall be considered the basis of any insurance issued.

Signature of Proposed Insured
ICC12-405

Date
Page 2 of 2

Signature of Agent