

Aviation Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? _____

If yes, select type : Cigarettes Cigar Chewing tobacco Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Do you have an Instrument Flight Rating? Yes No
2. What level of license/certificate do you hold? _____
3. How many total hours have you flown? _____
4. How many hours did you fly last year? _____
5. How many planned for next year? _____
6. Please list the countries where you fly: _____
7. What is the purpose of your flying? _____
8. What type(s) of aircraft do you fly? _____
9. Date of last flight: _____
10. Additional Comments: _____

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com