MRW FINANCIAL BROKERAGE

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Field Underwriting Questionnaire

Name ____ Phone ________________________

Email Address _______________________________________ Date of Birth ______________________

Sex Male Female Height/Weight _________ / __________

Occupation _____________________________________ Ever use nicotine products?

If yes, check type and list date last used: Other: ____________________________

Date last used ____________________________________ Frequency per month ___________

Product Applying for: Term Universal Face Amount _________________

1. Have you ever been diagnosed or treated for any of the following? If yes please provide details.
   - ☐ Hypertenion/HBP
   - ☐ Cholesterol
   - ☐ Cancer
   - ☐ Heart Disease
   - ☐ Diabetes

2. Is there any family history of cancer?
   ☐ No ☐ Yes, details including family member, age of onset, and age of death:
   ____
   ____

3. Is there any family history of heart disease?
   ☐ No ☐ Yes, details including family member, age of onset, and age of death:
   ____
   ____

4. Are you on any medication(s)? ☐ No ☐ Yes, Name(s) and dosage(s) ______________________________
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5. Do you participate in any of the following activities: If yes, please provide details.
   - ☐ Aviation
   - ☐ Race Car Driving
   - ☐ Mountain Climbing
   - ☐ Sky Diving
   - ☐ Scuba Diving
   - ☐ Competitive Skiing
   - ☐ Hang Gliding
   - ☐ Other: ____________________

6. Date you last consulted your physician and reason for visit: ______________________________________
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Additional Comments:

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Please fax this form to 813-875-6331 or email to matt@mrwfinancial.com