

Smoking Underwriting 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. Have you smoked any cigarettes in the last 12 months? No Yes
2. Have you ever smoked cigarettes? No Yes
If Yes- At what age did you start smoking? _____
If Yes- At what age did you quit smoking? _____
3. How many cigarettes in average did you smoke before you quit? _____
4. Do you now or have you in the past 12 months used tobacco in any form? No Yes
If yes, please detail type and frequency: _____
5. Have you been advised by a doctor to give up smoking? No Yes
If yes, give details: _____
6. Additional comments: _____

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