Suitability Form

Has the client been treated or diagnosed with the following:

1. Heart conditions, Stroke, Cancer_____
2. H.B.P or Diabetes _____ Controlled_____ A1C or BP Reading_____
3. Major Surgeries in the last 5 years_____
4. Any additional medical conditions_____
5. Prescriptions/Dosage_____

   _____
6. Drug or Alcohol addictions_____
7. Height_____Weight_____
8. Primary Doctor_____Address_____

   Last Visit_____ Outcome of last visit_____
9. Valid Drivers License_____ DUI/Felonies(10

Years)_____
10. Parents Current Age Mother_____Father_____
11. Tobacco Products Used _____
12. Financial Institution _____ Routing_____Account_____
13. Additionally Insured _____
14. Lender_____ Loan Amount_____Term_____Rate_____

    Fixed/Variable_____Monthly Payment_____Provisions_____
15. Current Life Insurance_____ Work/Pers_____Amount_____

    Premium_____ Issue Date_____Purpose_____
16. 401K_____Contribution_____Prior 401K_____IRA_____Annuity_____CD_____
17. Savings Balance_____Investments_____Net worth_____
18. Long term care policy_____Benefit Amount_____
19. Occupation_____Start Date_____Annual Income_____
20. Beneficiary_____Relationship_____D.O.B_____