Preferred Underwriting

Please answer all questions applicable to the client's medical history.

| Producer Name | Phone | Dat | | | | |
|--|------------------|-------------------------------|---------------|--|--|--|
| Client Name | Date of Birth | | Male 🔲 Female | | | |
| Face Amount | Max Premium \$ | /yr. 🗌 Term 🗌 |]Permanent | | | |
| Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? \Box Yes \Box No | | | | | | |
| Frequency | Date of last use | Туре _ | | | | |
| Client Height | Client Weight | Date of last routine physical | | | | |
| Plan | | | | | | |

List health conditions below

| Condition | Date Diagnosed | Medications | Treatment/Surgery |
|-----------|----------------|-------------|-------------------|
| | | | |
| | | | |
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Family history (cancer, cardiovascular, diabetes diagnosis, or death in parents or siblings)

| Relative | Diagnosis | Age of Diagnosis | Age at Death |
|----------|-----------|------------------|--------------|
| | | | |
| | | | |
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| | | | |

Motor vehicle history (last 5 years)

List any other major health problems the client has

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