



Client information form

For pre-screening, illustrations or application needs

Broker Name: _____ Email: _____ Phone: _____

Basic information

Name: _____ Date of birth: _____ Gender: _____
Permanent address: _____ City: _____ State: _____ Zip: _____
Phone number: _____ Email address: _____

Occupation

Occupation title: _____ Years in position: _____
Amount of physical work in current position: Low (0-30%) Moderate (31-60%) High (61-100%)
Explain job duties: _____

Salary/bonus income (prior year): \$ _____ Other income: \$ _____
Unearned income: \$ _____ Work from home: No Yes
Self-employed: No Yes
If yes: How long: _____ Number of full-time (30+ hrs/wk) employees: _____
Percent of ownership: _____

Other coverage

Do you have other disability coverage: No Yes If yes, provide details:

Benefit amount	Maximum benefit	Elimination period	Benefit period	Paid by (your employer or you)

Health information

Tobacco use: No Yes If yes, please describe: _____
Height: _____ Weight: _____

Are you in the military with active deployment papers? No Yes

Do you have lupus, multiple sclerosis or type 1 diabetes? No Yes

If you answered "No" to both questions, continue to the next page.

If you answered "Yes" to either question, please don't continue. Instead, contact your financial professional to discuss your options.

Do you have a history or current diagnosis of:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma/respiratory conditions | <input type="checkbox"/> Crohn's disease/ulcerative colitis | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Back/neck conditions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental/nervous conditions
(anxiety/depression) |
| <input type="checkbox"/> Blood/protein in urine | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Bones/joint conditions | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cancer/tumor | <input type="checkbox"/> Heart disease | |
| <input type="checkbox"/> Circulatory conditions | | |

Please describe any conditions selected above: _____

List any current medications: _____

Are you pending any surgery? No Yes If yes, provide details: _____

Do you participate in any activities that could be considered dangerous? No Yes

If yes, please describe: _____

Do you have any citations on your driving record? No Yes

If yes, please describe: _____

Have you filed for bankruptcy or had a bankruptcy discharged in the last two years? No Yes

Additional protection needs

- DI Retirement Security (income must be at least \$76K)** — Helps clients continue to save for retirement in the event of a disability.
- Overhead Expense** — Reimburses an owner for business expenses during a disability.
- Business Loan Protection¹** — Covers loans for business-related expenses.
- Disability Buy-Out** — Funds a buy-sell agreement to buy out a disabled business owner.
- Key Person Replacement¹** — Provides benefits to a business if a key employee becomes disabled.

Additional questions or comments: