

Life Insurance Application Information

FIRST NAME: 5	MID	DLE NAME:	L/	AST NAME: Vany	
ADDRESS: 12466			f	Date: 1-28-0	2
CITY: OUKd	ule		STATE: _//	M ZIP: 88728	
HOME PHONE: () -		CELL: (651) -	24-0178	WORK: ()	
EMAIL: SPVYD3				NICOTINE NOHE	
DATE OF BIRTH: 2	-31 74	PLACE C	F BIRTH: <u>Cav</u>	(If USA State)	
SOCIAL SECURITY NUMB	ER: 5669183	47 44 222	Sta	CITIZEN Yes No te of Issue and Exp. Date:	
CITES/ACCIDENTS (pleas	e list): fled a	dum. D	mer ran	arer my first	
Any Life Insurance in-force				Pol #	
Amount of Life insurance in	-force or applied for on S	pouse?			
Parents and Siblings age a	nd health. (If Deceased:	Age Died and Cause	:)	**	
	ES: <u>Admm</u> ME: MN DO	7		GHT & WEIGHT 5 , 3 " USO	LBS
YEARS EMPLOY		3, 11-24 -	71 fo preser USEHOLD ANNUAL	INCOME document	
PERSONAL ANNUAL INC	1.		ontingent Beneficiary_	0 00,	
BENEFICIARY NAME: N	Brother		Relationship:		
	/ /		Date of Birth:		
not sure	ding Medications) – Fill of		PRIMARY DOI Al rendy. List of driturs	emuil	



PERSONAL HISTORY FOR IGO

Have you, in the past five years, used Tobacco or Nicotine pro (e.g. cigarettes, pipes, cigars, snuff, chewing tobacco or nico such as gum or patch, etc.)?	oducts in any form thin edelivery device					
If "Yes," provide:	Type of Tobacco or Nicotine product: Frequency: Date Last Used					
Have you, in the past 10 years, had your driver's license susp pled guilty to, or been convicted of reckless driving, or driving influence (DUI/DWI)?	pended, revoked, and under the Yes No					
If "Yes," provide: Type of Violation(s): Location(s): When:						
Have you, in the past five years, pled guilty to or had any oth conviction(s) (e.g. speeding, cell phone/texting, accident, e	etc.)?					
If "Yes," provide:	How many: When was the most recent:					
Have you, in the past 10 years, pled guilty to or been convic misdemeanor, or are such charges pending against you, or parole or probation?	ted of a felony or are you currently on					
If "Yes," provide:	Type of Felony(ies) and/or Misdeme Location(s): Date(s):					
Have you had an application for life, accident, or health insurreinstatement of a policy, declined, postponed, cancelled, capplied for?	or issued other than as					
Heres," provide: declined due to health visues like drubetes depression, CAD	Type(s) of Insurance: Final Action: Reason(s): Date(s):					
Are you a member of the military, military reserve or Nation inactive) or do you have a written agreement to become a ridate?	al Guard (active or					
If "Yes," provide: Current Duties: Current Assignment Location:						

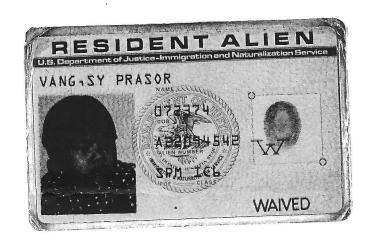
Have you been alerted or received orders for duty outside the US?	☐ Yes No
Are you currently receiving, or within the next two years do you expect to receive, hazardous duty or incentive pay?	Yes No
Within the next two years, do you plan to travel, work or reside outside the US?	☐ Yes ☐ No
Have you, in the past two years, flown as a student pilot, pilot or crewmember (or do you plan to within the next two years)?	☐ Yes No
Have you, in the past two years, or do you plan to in the next two years, take part in hang gliding, para sailing, para kiting, parachuting, skydiving, ultralight, soaring, ballooning, bungee jumping, rock or mountain climbing, organized racing by automobile, motorcycle, powerboat or snowmobile, or underwater diving?	☐ Yes ◀ No

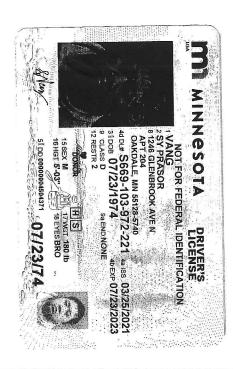


MEDICAL HISTORY FOR IGO

	7
Have you lost more than 15 pounds over the past 12 months?	☐ Yes ⊅ No
Do you have any congenital or birth disorders including blindness (deafness, missing limb(s), heart defect, Down's Syndrome Autism or any other congenital disorder?	Yes. 🗖 No
Have you, in the past five years, consulted with, been diagnosed or treated by a member of the medical professions or hospitalized, or taken medication for:	☑ Yes ☐ No
High blood pressure or high cholesterol/hyperlipidemia?	Yes 🗆 No
Chest pain, angina, heart attack, heart murmur, stroke or transient ischemic attack/mini stroke (TIA), irregular heart beat/rhythm, other circulatory or heart disorder or coronary artery/heart disease/atherosclerosis?	∕al Yes □ No
Cancer, tumor, mass, skin cancer including melanoma, leukemia, lymphoma, colon polyp, or any malignant or benign growth?	☐ Yes ☐ No
Diabetes impaired glucose tolerance (pre-diabetes), gestational diabetes, anemia or other blood disorder (excluding HIV), or disease or disorder of the thyroid, pituitary or adrenal glands?	✓İyes □ No
Disorder of the liver, pancreas, digestive system or spleen including hepatitis, ulcers, intestinal bleeding, cirrhosis, fatty liver, or weight loss surgery?	☐ Yes 🛣 No
Depression anxiety, stress, eating disorder (anorexia or bulimia), post-traumatic stress, attention deficit/attention deficit hyperactivity, bipolar or other psychiatric or mental health disorder?	Áyes □ No

Seizures, paralysis, multiple sclerosis, memory loss or other disease or disorder of the nervous system?	☐ Yes ☐ No		
Asthma, chronic obstructive pulmonary disease, emphysema, chronic bronchitis sleep apnea or any other disease or disorder of the lungs or respiratory system?	✓ Yes □ No		
Kidney, bladder, urinary, reproductive organ (other than contraceptive medication) or prostate disorder?	☐ Yes No		
Arthritis, fibromyalgia, gout, back or joint pain or muscle disorder, or Lupus?	☐ Yes No		
Have you, in the past five years, been treated for, been hospitalized for, or been diagnosed by a member of the medical profession as having Human Immunodeficiency Virus (HIV) antibodies or antigens or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or any other immune deficiency disorder; or have you tested positive for HIV antibodies or antigens?	☐ Yes No		
Have you ever used, or been treated for the use of amphetamines, barbiturates, cocaine, marijuana, opiates, hallucinogens or any other illegal drugs or have you been treated by or consulted a member of the medical profession for abuse of prescription drugs?	☐ Yes No		
Have you ever been advised by a medical professional to reduce or stop drinking alcohol, or received treatment of any kind for the use of alcohol?	☐ Yes ♠ No		
Do you currently drink alcoholic beverages?	☐ Yes ▼No		
Have you, in the past five years, been disable to work or perform and carry out your norm # Stept Procedure its, or been unable it than maternity leave or recovery from minor surgery?	☐ Yes No		
Have you, in the past five years, been disable to work or perform and carry out your norm flag of the you, in the past five years, been diagnoon the illness, disease, or injury, not included of the your in the past five years, been admitted or advised to be admitted to any hospital or health	☐ Yes 🙇 No		
Have you, in the past five years, been admitted or advised to be admitted to any hospital or health care facility; or undergone or been advised to have surgery, biopsies, treatment or medical test that are not included in your answers to any of the preceding questions?	√Yes □ No		
Have you ever attempted suicide?	☐ Yes 🗐 No		







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PERSON I

CLASS: D-Single Veh or combination up to 25,000 lbs. GVWR/GCWR END: None RESTR: Corr. Lenses

Living Will/Healthcare Directive

iose your card—to get a duplicate card.

charge your name—to get a card in your new.

ide unable to work because of a severe disability.

ide unable to work because of a severe disability.

62 or older—to ask about retirement checks.

are within 2 or 3 months of age 65, even if you are within 2 or 3 months of age 65.

and I pian to retire—to sign up for Madicarc.

chartment of Health and Human Services

10A-702 (5-20)

Health Issues	Suffered heart attack and survived											
Relationship	dad	mom	self	sister	brother	sister	sister	sister	sister	sister	brother	brother
Gender	Е	4 —	Ε	ч_	Ε	-	-	-	ч	-	E	٤
Ages	73	69	48	46	42	45	40	44	26	30	32	33
Family Members	Kao	<u>a</u>	Sy	Pa	Mong	Julie	Shoud	Brenda	Hannah	Samantha	Yafej	Elijah