



New York Life Insurance Company
 – A Mutual Company Founded in 1845 –
 51 Madison Avenue, New York, NY 10010

New York Life Insurance Company FINANCIAL QUESTIONNAIRE For Life Insurance Coverage

Name of Proposed Insured: _____
Last Name First Name Middle Initial

1. Insurance Summary

Personal

| | <u>Company</u> | <u>Amount</u> |
|--|----------------|---------------|
| A) Applied for or pending | _____ | \$ _____ |
| Coverage currently applying for with New York Life, and any other companies. | _____ | \$ _____ |
| | _____ | \$ _____ |

B) Other Life Insurance

Any coverage you currently have in force

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

C) To Be Replaced

Check if coverage *will be* replaced

Total Amount in all Companies? A + B – C \$ _____

2. Annual Net Earned Income _____

2. Includes your wages or **salary**, commissions and bonuses, as well as business **income net** of expenses if you are self-employed.

3. Annual Unearned Income _____

3. Annual Recurring Income earned through unearned means, like rental properties, dividends, or stock earning.

4. Total Estimated Net Worth _____

4. Assets minus Liabilities

I have answered these questions to the best of my knowledge and belief.
 This completed Questionnaire will be attached to the application and make a part of the entire contract.

Date

Signature of Proposed Insured