



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

Date

Signature of Proposed Insured