

Military status questionnaire

Full name of proposed insured:

File/ policy:

1. Are you now a member of any military service, active or inactive? Yes No

If NO, proceed no further. Please complete endorsement below and sign.

2. Branch of service

Army

Navy

Marines

Airforce

Coast guard

3. Present duty status

Active

Active reserve

Inactive reserve

National guard

ROTC

4. Present rank:

5. Present unit:

6. Military occupational speciality:

7. Address of present unit:

8. Present assignment:

9. Are you receiving any supplemental or hazardous duty pay based on your duties? Yes No

If YES, please give details.

10. To your knowledge and belief, have you been told or are you aware that:

a) You or your unit will be transferred overseas? Yes No

If YES, where?

b) You will be transferred to a new unit? Yes No

c) You or your unit will be alerted for duty (if presently in Reserve or National guard)? Yes No

I declare that all answers on this form are full and correct, to the best of my knowledge and belief. They are made in continuation of and as part of my application for life insurance.

Signature

Date
