BROOKFIELD PARTNERS

Hypopituitarism Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. When was the proposed insured first diagnosed with hypopituitarism?

2. What is the cause?

☐ Pituitary tumor ☐ Inadequate blood supply to pituitary gland

☐ Infection ☐ Inflammatory disease

☐ Sarcoidosis ☐ Amyloidosis

☐ Radiation therapy ☐ Surgical removal of pituitary tissue

☐ Autoimmune disease ☐ Tumors of the hypothalamus

☐ Head injury

☐ Other

3. What symptoms does the proposed insured experience? (Check all that apply.)

☐ Loss of male/female characteristics ☐ Stunted growth

☐ Dwarfism ☐ Underactive thyroid

☐ Insufficient corticotrophic production

☐ Other

4. How is the proposed insured being treated for this condition?

5. Is the proposed insured currently taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)