BROOKFIELD PARTNERS

T Wave Changes 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. How long has this abnormality been present?

2. Has there been any recent change in the ECG in the last 12 months? ☐ Yes ☐ No

If yes, provide details:

3. Does the proposed insured have chest pain, coronary artery disease or any other cardiovascular impairment? ☐ Yes ☐ No

If yes, provide details:

4. Has the proposed insured been diagnosed with any of the following? (Check all that apply.)

☐ Diabetes ☐ Elevated cholesterol ☐ High blood pressure

5. Exercise treadmill or thallium

☐ Not done ☐ Normal ☐ Abnormal

6. Resting or exercise echocardiogram

☐ Not done ☐ Normal ☐ Abnormal

Provide the dates and results of any studies completed:

7. Are there any other health issues? ☐ Yes ☐ No

If yes, provide details. Additional questionnaires may be required.

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

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