

Return to - jim@uswolfe.com or Fax to 815-377-3556

Policy Number _____

Date ____/____/____

Personal Confidential Financial Statement

Name: _____ D.O.B. ____/____/____

ASSETS		LIABILITIES	
Cash in banks	\$	Notes payable to banks	\$
Notes receivable	\$	Notes payable to others	\$
Accounts receivable	\$	Accounts payable	\$
Cash values Life Insurance	\$	Loans on life insurance	\$
Real Estate	\$	Taxes and interest due	\$
Business Interest	\$	Mortgages or liens on Real Estate	\$
Stocks & Bonds <i>(not included above)</i>	\$	Other Liabilities <i>(describe)</i>	\$
Personal Property <i>(auto, furniture etc...)</i>	\$		
Other Assets <i>(describe)</i>	\$		
Total Assets	\$	Total Liabilities	\$

NET WORTH <i>(total assets – total liabilities = net worth)</i>	\$
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Income

Last Year		Two Years Ago	
Annual Salary	\$	Annual Salary	\$
Dividends etc...	\$	Dividends etc...	\$
Other Income <i>(describe)</i>	\$	Other Income <i>(describe)</i>	\$
Total	\$	Total	\$
Undistributed Profits	\$	Undistributed Profits	\$

Does the insured have any suits pending or judgments against them at this time? YES NO

If yes describe: _____

Are there any bankruptcies completed, pending or planned? YES NO

Have there been any Federal or State tax liens in the last three years? YES NO

If yes please list: _____

Additional Comments: _____

The above financial disclosures are made for the purpose of establishing insurability in connection with pending Life or Disability Insurance Application on my life. They are furnished as a true and accurate statement of my current financial condition. I understand that the *COMPANY* will rely on the above statements in determining the need and justification for the insurance applied for and I represent that all the answers are true and accurate statements to the best of my knowledge and belief as of the date of application for Life/LTC/Disability Insurance. A photographic copy of this statement may be attached to and made part of any insurance contract issued

Signed at: City _____ State _____ Date ____/____/____

Signature of Insured _____

Signature of Owner/Applicant _____

Agent Name _____ Agent Number _____

Agent Signature _____