Fidelity Financial Group

NATIONAL WHOLESALER

INDUSTRY LEADING COMPENSATION, SALES, & SERVICE

CLIENT INFORMATION:

Full Name: _____

Driver's License # & State: _____ SSN#_____-_____-_____

Sex: F☐ M☐ Martial Status: Single☐ Married☐ Divorced☐ Widowed☐ Separated☐

Age: _____ DOB: _____/ _____/_____ City of Birth (or Country outside of US): _____

Home Address: _____ # of years: _____

Previous Address: _____ # of years: _____

Current Employer: _____ Address: _____

COVERAGE INFORMATION:

Term Insurance☐ Permanent Ins. ☐ Amount of Coverage_____

Also interested in: Long Term Care ☐ DI ☐ Annuities ☐ Securities ☐

List **ALL** Existing Life Insurance Policies:

Company Name	Amount	Year Issued	Type	Replacing (Y/N)
	$			
	$			
	$			

FAMILY INFORMATION:

Father's Age (or list deceased, age at death & cause): _____

Mother's Age (or list deceased, age at death & cause): _____

Sibling's Age (or list deceased, age at death & cause): _____

MEDICAL HISTORY: Height: _____ Weight: _____

Family Physician (name/add/ph#): _____

_____

Date Last Seen: _____ Reason: _____ Outcome: _____

Last Physician Seen (name/add/ph#): _____

_____

Date Last Seen: _____ Reason: _____ Outcome: _____

List all medication currently taking (incl frequency & amount):

_____

_____

Do you now or have you ever had any medical problems/conditions needing treatment?:_____

If yes, for what (i.e. Diabetes, high blood pressure, heart, respiratory, etc.)_____

_____

_____

Have you ever been hospitalized? Y☐ N☐ If yes,when:_____

Reason: _____ Treatment received? _____

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