

**PACIFIC SOUTHWEST FINANCIAL
INFORMAL INQUIRY
(CONFIDENTIAL)**



21021 Ventura Blvd., Suite 400
Woodland Hills, CA 91364
Phone: 818-702-0889
Fax: 818-264-2359



Agent Information	
Name:	Firm:
Phone:	City: State:
Email:	SVP:

Personal History Proposed Insured				
Name:	Male	Female		
Address:	City:	State:		
Phone:	DOB:	Driver License #:		
Height:	Weight:	Occupation:		
Net Worth:	Income:	Earned:	Unearned:	
Nicotine Use: Cigarettes	Pipe	Chewing	Cigars	Nicotine Patch / Gum
Last Use	Frequency			

Other Insurance		
Total Amount Inforce:	Any Insurance Being Replaced: Yes	No
Carrier(s) Being Replaced:		
Face Amount Being Replaced:		

Requested Plan of Insurance				
Universal Life	Term	Survivorship UL	Survivorship VUL	
If Term: Guaranteed Level Premium:	10	15	20	30



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Medical History

Primary Physician:		Phone:	
Address:	City:	State:	Zip:
Date Last Consulted:	Reason For Visit:		
List all Medical Specialists, Clinics or Hospitals seen in the last 5 years.			
Name:		Phone:	
Address:	City:	State:	Zip:
Date Last Consulted:	Reason For Visit:		
Name:		Phone:	
Address:	City:	State:	Zip:
Date Last Consulted:	Reason For Visit:		
Name:		Phone:	
Address:	City:	State:	Zip:
Date Last Consulted:	Reason For Visit:		

List All Current Medications:	Dosage:

Alcohol/Drug Addiction Questionnaire

Rehabilitation: yes no If yes – Inpatient Outpatient AA or Similar Support Organization only

Date(s) of treatment and/or counseling

Date of last Alcohol and or Drug use Ever convicted of DUI: yes no If yes, when:

Lifestyle Information

1. Aviation of any kind	3. Extreme Sports	5. Scuba Diving
2. Mountain or Rock Climbing	4. Sky Diving	6. Motorcycle or Auto Racing

Have you ever been diagnosed or treated for any of the following? If "Yes", please give details below.

1. Heart Attack	11. Ulcerative Colitis or Crohn's
2. Heart Surgery	12. Lung or Breathing Disorder
3. Heart Disease	13. Kidney Disorder
4. Chest Pain related to Cardiovascular Disease	14. Hepatitis
5. High Blood Pressure	15. Nervous System Disorder
6. Heart Murmur	16. Brain/Spinal Cord Disorder
7. Stroke	17. Depression
8. Cancer	18. Alzheimer's or Dementia
9. Diabetes	19. Sleep Apnea
10. Lupus	20. Have any immediate family members died before age 65
	21. Other

Number	Treatment	Date of Onset/Recovery	Treatment MD Name & Hospital

Authorization for Release of Health-Related Information to:

This Authorization complies with HIPAA Privacy Rule

Name of Person Covered by this Authorization	Date of Birth	Social Security Number
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I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record and any other protected health information concerning me to any of the companies listed above ("the Company") and its authorized representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct My Providers to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have applied for with the Company.

This Authorization shall remain in force for 30 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to the Company at the address listed on the reverse of this form, Attention Privacy Official. I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued may not be able to make benefit payments.

Signature of Proposed Insured, Patient, or Personal Representative _____ Date _____

Signature of Proposed Insured, Patient, or Personal Representative _____ Date _____

Description of Personal Representative's Authority or Relationship to Patient _____

Authorization for Release of Health-Related Information to:

<p>Advanced Settlements, LLC AIG/American General AVIVA/Indianapolis Life AVS AXA Equitable Banner Life Insurance Company Canada Life Assurance Company Capitas Financial Columbus Life Coventry Credit Suisse Fasano Genworth Guardian Life Insurance Company Habersham Funding, LLC Hartford Life IMS ING Jet Stream John Hancock Life of the Southwest Life Settlement Solutions Lincoln Financial Group</p>	<p>Maple Life Massachusetts Mutual Life Metropolitan Life Insurance Company Minnesota Life MONY National Life Group Nationwide Pacific Life Insurance Company Pacific Southwest Financial Penn Mutual Life Insurance Company Phoenix Home Life Principal Life Insurance Company Principal National Life Insurance Company Pacific Southwest Financial Progressive Capital Protective Life Insurance Company Proscan Partners Prudential Life Insurance Q Capital Strategies</p>	<p>ReliaStar Life Insurance Company of New York State Life Insurance Company Sun Life Assurance Company of Canada Symetra Life Transamerica Life Insurance Company Transamerica Occidental Life Insurance Company Tellus Brokerage Connections, Inc. United of Omaha Valley Forge Life Insurance Company Welcome Funds West Coast Life Westside Copymaster William Penn Life Insurance Company of New York Zurich Life 21st Services</p>
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