

# Personal Statement Questionnaire

Wichita National Life Insurance Company  
711 SW D Ave ~ Lawton, Oklahoma 73501 ~ (580) 353-5776

01	<b>BASIC DETAILS</b>	
	Full Name:	
	Residential address:	How long at this address?
	Home phone:	Mobile phone:
	May WNLIC contact you directly to clarify or gather information in relation to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

02	<b>OCCUPATION DETAILS</b>		
	<input type="checkbox"/> Self-Employed <b>or</b> <input type="checkbox"/> Employee		
	Employer's Name:	Occupation:	
	Line of business:	How long employed:	
	Annual Earned Income:	Annual Unearned Income:	Net Worth:
	Is your spouse employed (If yes, please furnish Annual Earned Income):		
	What are your duties?		
	**If Self-Employed:	Gross Annual Income:	Net Annual Income:
	Form of Business: (partnership, corporation, etc.)		
**Please attach your Personal Financial Statement			

03	<b>INSURANCE APPLICATION</b>
	Do you have any insurance in force or any applications to another company pending at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give name of insurance company, amount of coverage and is it for business or personal purposes?)
	What is the purpose of this life insurance policy? (check all that apply) <input type="checkbox"/> To cover a mortgage <input type="checkbox"/> To cover a personal loan <input type="checkbox"/> To cover a business <input type="checkbox"/> Other (Please specify)
	What is the initial amount of your loan?
	How was the amount of insurance applied for determined?

04	<b>PERSONAL DETAILS</b>
	What is your marital status? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
	Is the beneficiary of this policy someone other than an immediate family member? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please verify reason and relationship)
	Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No      Have you smoked in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state form and daily quantity)
	Do you engage in any of the following sports? <input type="checkbox"/> Hunting <input type="checkbox"/> Racing <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Sky Diving
	Have you been a student pilot, private pilot, member of a crew or a passenger on a non-scheduled aircraft within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever had your drivers license suspended or revoked or have you had any moving traffic violations within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Except for traffic violations have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date