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## CONFIDENTIAL PERSONAL FINANCIAL QUESTIONNAIRE

1. Proposed Life Insured: \_\_\_\_\_

*First Name*

*Middle Initial*

*Last Name*

2. Income (before income tax)

	<u>Last Complete Fiscal Year</u>	<u>Previous Fiscal Year</u>
Salary or Wages: .....	\$ _____	\$ _____
Bonuses and/or Commissions .....	\$ _____	\$ _____
Net Business or Professional Income .....	\$ _____	\$ _____
(Gross income less expenses, before taxes)		
Other Earned Income: .....	\$ _____	\$ _____
(Give details in "Remarks" below)		
Unearned Income: .....	\$ _____	\$ _____
(Interest and dividends, net real estate income, etc. Give details in "Remarks" below)		
<b>Totals: .....</b>	<b>\$ _____</b>	<b>\$ _____</b>

3. Net Worth (assets minus liabilities) .....\$ \_\_\_\_\_  
 (Give details in "Remarks" below)

4. Estimated tax liabilities at death (including potential estate taxes,  
 inheritance taxes and capital gains taxes, both federal and state) .....\$ \_\_\_\_\_

5. Amount of insurance applied for with Sons of Norway: .....\$ \_\_\_\_\_

Amount of insurance applied for with other companies: .....\$ \_\_\_\_\_

Amount of life insurance already in force: .....\$ \_\_\_\_\_

Total amount of insurance you intend to have in force: .....\$ \_\_\_\_\_

6. How was the need for this new amount of coverage determined?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Remarks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby represent that all of the above statements and answers to all the above questions are complete and true.**

\_\_\_\_\_  
*Signature of Proposed Insured*

\_\_\_\_\_  
*Date*