

Please indicate with an X in the appropriate box the accurate answer to the questions below:

	Yes	No
I have a life insurance policy with a cash surrender value	<input type="checkbox"/>	<input type="checkbox"/>
My spouse has a life insurance policy with a cash surrender value	<input type="checkbox"/>	<input type="checkbox"/>
In the past 5 years I and/or my spouse have:		
Sold a car and/or a house for less than fair market value	<input type="checkbox"/>	<input type="checkbox"/>
Given or loaned over \$500 to a family member or other individual	<input type="checkbox"/>	<input type="checkbox"/>
Are you court ordered to pay child support, alimony, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing/able to provide 5 years of financial history for you and your spouse?	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional financial information or concerns that you have.

Signature _____

Date _____