# **Pacific Life Digital App Questions**

Estimated Rate Class:	Type of Insurance:	
Face Amount	State	DOB
Client Name:		Tobacco Y/N
SSN	Occupation	
Full Address:		
Best Contact Number:	Best Time	e to Call:
Email address		
State/Country of Birth		U S Citizen Y/N
Will a translator be needed?	Payment Mode: _	Direct Bill or EFT?
Owner Information (Only Complet	e when Insured is NOT th	ne Owner)
Name:	DOB:	SSN:
Address:		
Will the payor be someone other th	nan the insured?	_
Beneficiary Information:	Type-Individual, trust or other?	
Name:	DOB:	Relationship:
Address (If different from Insured):		
Any contingent beneficiaries?		
State of solicitation Ride	rs? Is cov	verage business or personal?
Need for coverage: Income replac		
Gross annual salary	Total liabilities	Total Assets
Existing Policies (Please Include all	Inforce Policies):	
Name of Company:	Face A	mount:
Type of Coverage:		
		t a temporary insurance agreement?



Good for you! You've made the important decision to apply for life insurance. Now that your application has been started, here's what's next.

You'll need to complete a life insurance interview. Most insurance companies do this over the phone with you, and some offer an online option for you to complete on your own.

Below is information that will help you prepare - regardless of which process you go through.

#### **General Information**

- Information to verify your identity; such as your social security number, driver's license number (and history of violations) and other demographic information
- Citizenship documentation (if applicable)

#### Other Life Insurance

 Information about any other life insurance policies you have; including insurance company names, policy numbers and coverage amounts

#### Financial Information

- Earned and unearned income
- Total net worth, including property
- · Assets and Liabilities
- Employment information
- Banking information (optional if you wish to pay premiums with automatic deductions)

### **Lifestyle Information**

- Information about exercise habits, travel, and any high-risk activities such as sky diving, hang gliding, scuba diving, rock climbing, aviation, racing, etc.
- Information about smoking, drinking habits, and drug use.

## **Health and Medical Information**

- Height , weight and any fluctuations
- Names, addresses and phone numbers for all current doctors and clinics
- Names and dosages of current prescriptions or over-the-counter medications
- Medical history; including details for medical conditions, date of diagnoses, treatments, results of treatments, and any procedures/surgeries performed
- Family health history for parents and siblings, including major diagnoses such as heart disease or cancer and ages/causes of death (if applicable)