Principal Digital App Questions

Proposed Insured:

| | | Gender | |
|--|---|---|------------|
| Date of Birth | Tobacco? | Social Security Number: | |
| Rate Class? | Face Amount | Length of ter | rm |
| Street Address with Zip Coc | le: | | |
| Best Telephone Interview N | | | |
| Email Address | | | |
| If No: Name of Ov Other Owner Email | vner Address: | individual or company owner.) Relationship to Insured Does Owner have existing I Face Amount | Insurance? |
| Beneficiary Informati | ion: | | |
| Name: Primary Beneficiary _ | Relationship to Insu Contingent Benefi | | |
| | Relationship to Insu Contingent Benefi | red: ciary | |
| Plan Information: | | | |
| Mode of Premium: | | | |
| Any riders | | | |
| | | | |
| | olicies in-force? If so, | need company name and face am | nount: |
| Any current life insurance p | | need company name and face an Amount Re | |
| Any current life insurance p Company: | Face A | | placing? |



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

Health and Medical Information

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.

- 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*)