Prudential Digital App Questions

Proposed Insured:				
Client Name				
Date of Birth	Tobacco? Y / N	Social Security Number:		
Rate Class?	Face Amount Length of term			
Street Address with Zip Code:				
			Best time to call	
Email Address				
Is insured the owner?(I If No: Name of Owne		f individual or company ov Relationship to Insure		
Beneficiary Information		ured:		
Primary Beneficiary	Contingent Benef	ficiary	-	
Name:	Relationship to Insi	ured:		
Primary Beneficiary				
Plan Information:				
Mode of Premium: Annual S	emi-Annual Ouart	erly Monthly		
Any riders				
Purpose of insurance: Persona				
Any current life insurance poli			I face amount:	
Company:		, ,		
Company:				
Company:			Replacing?	
In military or reserves?	·	nt?		
Will policy be delivered face-to				
Knowledge of client: Self, Rela		•	.l 2	
Has the insured completed an	exam for another (carrier in the last 12 mont	ins?	
A				



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)