



Trinity Life Insurance Company

7633 East 63rd Place, Suite 230

Tulsa, OK 74133

Phone: (918) 249-2438 Fax: (918) 249-2478

Military Service Questionnaire

PROPOSED INSURED	POLICY NUMBER	DATE
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If you are on active duty as a member of any state National Guard or as a member, regular or reserve, of the Army, Navy, Air Force, Marine Corps, or Coast Guard; or if you have been alerted or called to duty, complete the following:

1. Branch of Service: _____
If branch is Army, indicate arm or component (e.g., Artillery, Infantry, etc.)

2. Rank and pay grade: _____

3. Date of active duty: _____

4. Date you will be released: _____

5. Where are you stationed: _____
Complete military address: _____

6. Duties (If in training or attending school, state for what job or duties) _____

7. Have you been alerted, received orders, or volunteered for duty outside the United States?
 Yes No
Do you expect or have you had any other indication that you will be assigned outside the US?
 Yes No
If yes to either of the above questions, explain in detail:

8. Do you plan to re-enlist? Yes No

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree that they shall form a part of my application and become a part of any contract or insurance issued on such application.

Dated at _____ this _____ day of _____
PLACE DAY MONTH YEAR

SIGNATURE OF AGENT

SIGNATURE OF PROPOSED INSURED