



Trinity Life Insurance Company

7633 East 63rd Place, Suite 230

Tulsa, OK 74133

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

CONFIDENTIAL FINANCIAL QUESTIONNAIRE APPLICATION SUPPLEMENT

Please complete questions 1 thru 6 for personal insurance or questions 1 thru 11 if the insurance is for business purposes, then date and sign the questionnaire.

1. Proposed Insured: _____
First Name Middle Initial Last Name

| 2. Your Income (Before Income Tax) | CURRENT FISCAL YEAR TO DATE thru _____ | PREVIOUS FISCAL YEAR |
|--|--|---------------------------------|
| A. Salary or Wages..... | \$ _____ | \$ _____ |
| B. Bonuses and/or Commissions..... | _____ | _____ |
| C. Net Business or Professional Income (i.e. Gross Income less Business Expenses, but before Personal Income Taxes)..... | _____ | _____ |
| D. Other Earned Income (Give details in "Remarks" below)..... | _____ | _____ |
| E. Unearned Income (Interest and dividends, net real estate income, etc. Give details in "Remarks" below)..... | _____ | _____ |
| F. Spouse's Income..... | _____ | _____ |
| TOTAL: | \$ _____ | \$ _____ |

3. What is your approximate Net Worth, i.e., assets minus liabilities?

| | | |
|-------------|----|-------|
| Assets | \$ | _____ |
| Liabilities | \$ | _____ |
| Net Worth | \$ | _____ |

4. Estimated Tax Liabilities at Death (Include potential Estate Taxes, Inheritance Taxes and Capital Gains Taxes, both Federal & State) \$ _____

5. If not covered on the application:

| | | |
|--|----|-------|
| Amount of Insurance applied for with this company | \$ | _____ |
| Amount of Insurance applied for with other companies | \$ | _____ |
| Amount of Life Insurance already in force | \$ | _____ |
| Amount you intend to have in force | \$ | _____ |

6. How was the need for this new amount of coverage determined?

Remarks (Questions 2 to 6): _____

CONFIDENTIAL FINANCIAL QUESTIONNAIRE APPLICATION SUPPLEMENT (continued)

7. Purpose of Business Insurance
 Key Executive Deferred Compensation Buy-Sell Agreement/Stock Repurchase

Is there a written Buy/Sell agreement in effect? (If yes, attach copy.) Yes No

Is there a Buy/Sell agreement contemplated? Yes No

Creditor: Name of Lender _____

Is insurance requested by lender? Yes No Coverage Amount required by Creditor: \$ _____

Type of loan? Line of Credit Mortgage Other (explain) _____

If line of Credit
 Amount of credit extended \$ _____
 Amount activated to date \$ _____ Duration of loan _____

If other than Line of Credit: Amount of loan \$ _____ Duration of loan _____

Purpose of loan: _____

Other Purposes – Explain: _____

(Use "Remarks" below for further details)

8. Are other Corporate Officers or Partners being insured? Yes No
 If Yes, give details. If No, explain: _____

9. What Percentage of the business do you own? _____ %

10. Estimated Fair Market Value _____ \$
 (In "Remarks," state how this value was determined)

| 11. Financial Details of Business: | CURRENT FISCAL YEAR TO DATE thru _____ | PREVIOUS FISCAL YEAR |
|------------------------------------|--|-------------------------|
| A. Total Assets..... | \$ _____ | \$ _____ |
| B. Total Liabilities..... | _____ | _____ |
| C. Gross Sales or Revenue..... | _____ | _____ |
| D. Net Income (before taxes)..... | _____ | _____ |

PLEASE SUBMIT A COPY OF THE MOST RECENT BALANCE SHEET AND INCOME STATEMENT (Year or Quarter).

Remarks (Questions 7 to11): _____

I understand that Trinity Life Insurance Company will rely on the above statements in determining the need and justification for the insurance applied for, and I represent that all answers are true and accurate statements to the best of my knowledge and belief as of the date of the application for life insurance. A photographic copy of this statement may be attached to and made part of any insurance contract issued:

Signature of Proposed Insured: _____ Date _____

Signature of Applicant: _____ Date _____

Witnessed by _____ Date _____