



# Trinity Life Insurance Company

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## FINANCIAL SUPPLEMENT TO APPLICATION FOR LIFE INSURANCE

### Please Print or Type

1<sup>st</sup> Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2<sup>nd</sup> Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Section 1. PURPOSE OF INSURANCE

1.  Personal

Income Replacement  Estate Planning

2.  Business

Keyperson  Stock Repurchase  Buy Sell

Creditor: Amount of Loan \$ \_\_\_\_\_

Is Insurance required by the creditor?  Yes  No

3. How was the amount of insurance requested determined? (if applying for personal insurance, go to Section 3)

### Section 2. BUSINESS INFORMATION

4. Are other Corporation Officers or Partners insured or applying for insurance?  Yes  No

Please give details and explain: \_\_\_\_\_

5. Percent of corporation or partnership owned by 1<sup>st</sup> Proposed Insured? \_\_\_\_\_% 2<sup>nd</sup> Proposed Insured? \_\_\_\_\_%

6. Corporation or Partnership's:

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		

### Section 3. FINANCIAL INFORMATION: If a joint policy is being applied for, complete questions 7-9 jointly for both Proposed Insureds.

	Estimated Current Year	Past Year		Estimated Current Year	Past Year
<b>ANNUAL INCOME</b>					
<b>Earned Income</b>			<b>ASSETS</b>		
Annual Salary or Wages	\$	\$	Cash	\$	\$
Bonuses	\$	\$	Real Estate	\$	\$
Other Earned Income	\$	\$	Stocks & Bonds	\$	\$
Total Earned Income	\$	\$	Autos	\$	\$
			Personal	\$	\$
<b>Unearned Income</b>			Business Equity	\$	\$
Dividends & Interest	\$	\$	Other	\$	\$
Net Real Estate Income	\$	\$	<b>Total Assets</b>	\$	\$
Net Business Investment Income	\$	\$			
Other:	\$	\$	<b>LIABILITIES</b>	\$	\$
Other:	\$	\$	Mortgage	\$	\$
<b>Total Unearned Income</b>	\$	\$	Business	\$	\$
			All Other Personal	\$	\$
<b>TOTAL ANNUAL INCOME</b>	\$	\$	<b>TOTAL LIABILITIES</b>	\$	\$

8. Estimated Net Worth \$ \_\_\_\_\_. Attach prepared financial statement, if available.

9. At this time do you have an undischarged bankruptcy?  Yes  No If YES, give type and details:

**ACKNOWLEDGEMENT:** It is represented that the statements and answers given in this supplement to the application are true, complete and correct to the best of my knowledge and belief. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application.

Signed at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_

Proposed Insured: \_\_\_\_\_ Witness: \_\_\_\_\_

Second Proposed Insured: \_\_\_\_\_ Witness: \_\_\_\_\_

### AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

The Owner agrees to be bound by all statements, answers and agreements made by the Proposed Insured in this supplement to the application.

Signed at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_

Proposed Owner: \_\_\_\_\_ Witness: \_\_\_\_\_

If Owner is a corporation, an authorized officer, other than the Proposed Insured, must sign as owner, give Corporate title and full name of Corporation. Corporation Name: \_\_\_\_\_