



PRE-UNDERWRITING GUIDE FAMILY HISTORY

GENERAL INFORMATION

Agent Name: _____

Client Name: _____

UNDERWRITING QUESTIONS

PARENT 1 Alive Deceased Unknown Date of death _____ / _____ / _____

Is this your birth parent: Yes No Gender: _____

Did your parent have any of the following? If yes, please list age at onset:

Cancer _____ Diabetes _____ Suicide _____

Stroke _____ Heart Disease _____ Other _____

PARENT 2 Alive Deceased Unknown Date of death _____ / _____ / _____

Is this your birth parent: Yes No Gender: _____

Did your parent have any of the following? If yes, please list age at onset:

Cancer _____ Diabetes _____ Suicide _____

Stroke _____ Heart Disease _____ Other _____

SIBLING 1 Alive Deceased Unknown Date of death _____ / _____ / _____

Gender: _____

Did your sibling have any of the following? If yes, please list age at onset:

Cancer _____ Diabetes _____ Suicide _____

Stroke _____ Heart Disease _____ Other _____

Return the completed form to wfphelp@wentworthfp.com

Call us with questions at (855) 757-5433