

# Life Insurance Statement of Facts

## Personal Information

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Full Name

Date of Birth

Gender

Marital Status

Address

## Contact Details

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Phone

Email

## Insurance Details

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Type of Policy

Coverage Amount

Primary Beneficiary

## Health Information

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Attending Physician

Physician Contact

Past or Current Illnesses

Current Medications

Do you use tobacco products?

Do you consume alcohol?

## Declaration

I declare that the above statements are true and complete to the best of my knowledge.

Signature

Date