



Client information form

For pre-screening, illustrations or application needs



Basic information

Name: _____ Date of birth: _____ Gender: _____
 Permanent address: _____ City: _____ State: _____ Zip: _____
 Phone number: _____ Email address: _____

Occupation

Occupation title: _____ Years in position: _____
 Amount of physical work in current position: Low (0-30%) Moderate (31-60%) High (61-100%)
 Explain job duties: _____

Salary/bonus income (prior year): \$ _____ Other income: \$ _____
 Unearned income: \$ _____ Work from home: No Yes
 Self-employed: No Yes
 If yes: How long: _____ Number of full-time (30+ hrs/wk) employees: _____
 Percent of ownership: _____

Other coverage

Do you have other disability coverage: No Yes If yes, provide details:

Benefit amount	Maximum benefit	Elimination period	Benefit period	Paid by (your employer or you)

Health information

Tobacco use: No Yes If yes, please describe: _____
 Height: _____ Weight: _____

Are you in the military with active deployment papers?	<input type="radio"/> No <input type="radio"/> Yes	<p>If you answered "No" to both questions, continue to the next page.</p> <p>If you answered "Yes" to either question, please don't continue. Instead, contact your financial professional to discuss your options.</p>
Do you have lupus, multiple sclerosis or type 1 diabetes?	<input type="radio"/> No <input type="radio"/> Yes	

Do you have a history or current diagnosis of:

- Asthma/respiratory conditions
- Back/neck conditions
- Blood/protein in urine
- Bones/joint conditions
- Cancer/tumor
- Circulatory conditions
- Crohn's disease/ulcerative colitis
- Diabetes
- Fatigue
- Fibromyalgia
- Heart disease
- High blood pressure
- Mental/nervous conditions (anxiety/depression)
- Stress
- Other _____

Please describe any conditions selected above: _____

List any current medications: _____

Are you pending any surgery? No Yes If yes, provide details: _____

Do you participate in any activities that could be considered dangerous? No Yes

If yes, please describe: _____

Do you have any citations on your driving record? No Yes

If yes, please describe: _____

Have you filed for bankruptcy or had a bankruptcy discharged in the last two years? No Yes

Additional protection needs

- DI Retirement Security (income must be at least \$76K)** — Helps clients continue to save for retirement in the event of a disability.
- Overhead Expense** — Reimburses an owner for business expenses during a disability.
- Business Loan Protection¹** — Covers loans for business-related expenses.
- Disability Buy-Out** — Funds a buy-sell agreement to buy out a disabled business owner.
- Key Person Replacement¹** — Provides benefits to a business if a key employee becomes disabled.

Financial professional contact information

Name: _____ Phone number: _____

Email address: _____

¹ Not available in California. Not available in all states. Go to www.principal.com/distateapprovals for more information.



principal.com

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May lose value • Not a deposit • No bank or credit union guarantee
Not insured by any Federal government agency

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