

American-Amicable Life Insurance Company of Texas
P.O. Box 2549, Waco, TX 76702-2549
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BENEFICIARY RELATIONSHIP QUESTIONNAIRE

Name: _____ Application No.: _____

Social Security No: _____ Date of Birth: _____ Height _____ Weight _____

Do you smoke or use tobacco in any form? YES _____ NO _____

Beneficiary Name Listed on Application: _____

Beneficiary Address: _____

Beneficiary Relationship to the Proposed Insured: _____

If designated Primary Beneficiary is not a family member, please explain why:

List any financial responsibilities (such as mortgage, car loan, etc) and/or any expenses shared by the applicant and the requested beneficiary.

What financial loss would the beneficiary incur in the event of the proposed insured's death?

Does the beneficiary have life insurance in which the proposed insured is named as beneficiary?

YES _____ NO _____

If YES, list the face amount of life coverage currently in force. _____

If NO, give the reason why. _____

Proposed Insured Signature

Date