

**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