



American Life & Security Corp

Administrative Office

PO Box 717 * Frankfort, KY 40602-0717

Phone: 877.758.9333 Underwriting Fax: 502.227.7205

MILITARY SERVICE QUESTIONNAIRE

PRINT USING BLACK INK.
ALL QUESTIONS MUST BE ANSWERED.

Name of Proposed Insured: _____ Date of Birth: _____

If you are on active duty as a member of any state National Guard or as a member, regular or reserve, of the Army, Navy, Air Force, Marine Corps, or Coast Guard; or if you have been alerted or called to duty, complete the following:

1. Branch of Service:			
	If branch is Army, indicate arm or component (e.g., Artillery, Infantry, etc.)		
2. Rank and Pay Grade:			
3. Date of Active Duty:		4. Date you will be released:	
5. Complete Military Address of where you are stationed:			
6. Duties:			
	(If in training or attending school, state for what job or duties)		
7. Have you been alerted, received orders or volunteered for duty outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you expect or have you had any other indication that you will be assigned outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If "Yes" to question 7 or 8, explain in detail.			
10. Do you plan to re-enlist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued based on them.

Signed at: _____
City and State

(X) _____
Signature of Proposed Insured

Date: _____