



American Life & Security Corp.

Administrative Office

P.O. Box 5577 • LINCOLN NE 68505-5577

Phone: 402.489.8266 • Fax 402.489.8295

PRINT USING BLACK INK.

MILITARY SERVICE QUESTIONNAIRE

ALL SECTIONS MUST BE COMPLETED.

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 and Occupational Code, Specialty Code or Rating: _____
(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?
___ Yes ___ No

8) Do you expect or have you had any other indication that you will be assigned outside the United States? ___ Yes ___ No

9) If "Yes" to question 7 or 8, explain in detail. _____

10) Do you plan to re-enlist? ___ Yes ___ 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: _____ (X) _____
City and State Signature of Proposed Insured

Date: _____