

# Admission Application

**\*\*Please do not leave any of the asset/liability types blank. If there are none to report, please write N/A\*\***

Financial Inquiry – Part B				
Name of Applicant (Full first, middle, and last name) <b>Please also list holdings jointly held</b>				Date of Birth
Spouse				Phone Number
Street Address	City	State	Zip Code	County
<b>Current Income</b>	Self	Joint (spouse)		
Social Security	\$	\$		
Pension	\$	\$		
Annuity	\$	\$		
Interest/Investment Inc.	\$	\$		
Other - specify	\$	\$		
<b>Total</b>	\$	/month		\$ /month
Have you disposed of any assets in the last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list below
Type of asset	Dollar value	Date disposed	Recipient	
	\$			
	\$			
	\$			
Cash on hand	Cash held for you by others		Held by whom?	
\$	\$			
<b>Name of Banks and/or Credit Union</b>	Address of Financial Institution		Account type	Amount
1.				\$
2.				\$
3.				\$
4.				\$
<b>Stocks and/or Bonds</b>			Approximate Value	
1.			\$	
2.			\$	
3.			\$	
4.			\$	
<b>Real Estate Owned</b>		Address of Real Estate	Approximate Value	
1.			\$	
2.			\$	
3.			\$	
Are you or your spouse a beneficiary of a trust fund (real estate or other)?	Do you or your spouse have a Life Estate interest in any assets (real estate or other)?	Have you or your spouse ever placed assets (real estate or other) into a trust for the benefit of another?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Describe including date established and value:				

<b>Life Insurance Policies – Company</b>	<b>Policy Number</b>	<b>Face Amount</b>	<b>Cash Value</b>	<b>Beneficiary</b>
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	
<b>Burial Fund/Prepaid Burial Expenses Paid to:</b>	<b>Phone Number</b>	<b>Date Established</b>	<b>Irrevocable?</b>	<b>Approximate Value/Cost</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<b>Debts and Obligations</b>				
<b>Mortgage/Real Estate Loans</b>				
<b>Owed To</b>	<b>Monthly Payment</b>		<b>Amount Owing</b>	
			\$	
			\$	
<b>Notes Payable</b>				
<b>Owed To</b>	<b>Monthly Payment</b>		<b>Amount Owing</b>	
			\$	
			\$	
<b>Credit Card Debt</b>				
<b>Owed To</b>			<b>Amount Owing</b>	
			\$	
			\$	
			\$	

According to my best knowledge and belief, the information disclosed in this admission application is complete, accurate, and true in all respects. I agree, if admitted, to abide by the admission agreement of Bethany Life.

\_\_\_\_\_  
Signature of Applicant, or Person Completing this Application

\_\_\_\_\_  
Date