

REQUEST FOR LIFE INSURANCE

PROPOSED INSURED INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Male Female

City: _____ State: _____ Zip: _____

How Long at Current Address? _____ Single Married Divorced Widowed

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Proposed Tele-Interview... Date: _____ Time: _____ AM PM

Email: _____ Height: _____ Weight: _____ Tobacco Use? Yes No

US Citizen? Yes No Birth Date: ____ / ____ / ____ Birth State / Country: _____

SSN: _____ DL#: _____

Employer: _____ Occupation: _____

Income: \$ _____ Assets: \$ _____

Household Income: \$ _____ Liabilities: \$ _____

Owner (if other than insured): _____ Relationship: _____

PROPOSED LIFE INSURANCE

Carrier: _____ Product: _____

Face Amount: \$ _____ Term UL IUL WL Survivorship

Rate Class Quoted: Preferred Plus Preferred Standard Plus Standard Term Length: 10 15 20 25 30

Payment: Monthly Quarterly Semi-Annual Annual Premium: \$ _____

Riders: _____

BENEFICIARY INFORMATION

Beneficiary Name: _____

Beneficiary Relationship: _____ Beneficiary DOB: _____ Beneficiary %: _____

Beneficiary Name: _____

Beneficiary Relationship: _____ Beneficiary DOB: _____ Beneficiary %: _____

REPLACEMENT QUESTIONS

Client have existing life insurance? Yes No Is this replacing another policy? Yes No

Carrier: _____ Policy #: _____

1035 Exchange? Yes No Approximate Amount: \$ _____

ADVISOR INFORMATION

Advisor 1 Name: _____ % Agency: _____

Work Phone: _____ Cell: _____ Email: _____

Advisor 2 Name: _____ % Agency: _____

Work Phone: _____ Cell: _____ Email: _____

Internal producer use only. Once complete, please enter the information above onto your advisor portal.

NOT A DEPOSIT	NOT FDIC INSURED	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
MAY GO DOWN IN VALUE		NOT GUARANTEED BY A BANK

