

LIFE INSURANCE POLICY APPLICATION PRELIMINARY DATA ENTRY.

PRIMARY INSURED

Name (First, MI, Last) _____

Home Address: _____ City, State and Zip _____

SSN/ITIN: _____ Sex _____ Marital Status _____ Height: _____ Weight: _____

Date of Birth: _____ Place of Birth: _____ Driver License (Number & State): _____

Type of Identification: _____ ID Number: _____

Employer: _____ Number of years: _____

Occupation and duties: _____ Net worth: \$ _____ Liabilities \$ _____

Earned annual income: \$ _____ Email address: _____

Home phone: _____ Cell number: _____

If not a US Citizen or Green Card Holder please provide:

Time have been in the US? _____ years Country of birth: _____

Father alive? Yes No

If not alive: Age at passing _____ Cause of death: _____

Mother alive? Yes No

If not alive: Age at passing _____ Cause of death: _____

Signature:

OTHER INSURED

Name (First, MI, Last) _____

Home Address: _____ City, State and Zip _____

SSN/ITIN _____ Sex _____ Marital Status _____ Height: _____ Weight: _____

Date of Birth: _____ Place of Birth _____ Driver License (Number & State): _____

Type of Identification: _____ ID Number: _____

Employer: _____ Number of years: _____

Occupation and duties: _____

Earned annual income: \$ _____ Email address: _____

Home phone: _____ Cell number: _____

If not a US Citizen or Green Card Holder please provide:

Time have been in the US? _____ years Country of birth: _____

Father alive? Yes No

If not alive: Age at passing _____ Cause of death: _____

Mother alive? Yes No

If not alive: Age at passing _____ Cause of death: _____

Signature: _____

Owner name: _____

Signature of Owner: _____

PRIMARY BENEFICIARIES:

Full name _____ DOB _____ Relationship _____ % _____

Full name _____ DOB _____ Relationship _____ % _____

Full name _____ DOB _____ Relationship _____ % _____

CONTINGENT BENEFICIARIES:

Full name _____ DOB _____ Relationship _____ % _____

Full name _____ DOB _____ Relationship _____ % _____

Full name _____ DOB _____ Relationship _____ % _____

Existing insurance? Provide amount being replaced: \$ _____ Policy #: _____ Year issued: _____

Name of Carrier of the current policy: _____

POLICY INFORMATION

Premium amount: \$ _____ Face amount: \$ _____

Carrier: _____

Product Check One: IUL Term Final Expense GUL.

Name of Plan: _____

Death Benefit Option: A (Level) B (Increasing)

Rating Class (Underwriting): Preferred Plus, Preferred Non Tobacco, Preferred Tobacco, Non Tobacco, Tobacco,

Riders:

Spouse Term Ride (STR) Amount: \$ _____

Level Term for Primary Insured (LTR) Amount: \$ _____

Child term rider Amount: \$ _____

Disability Income Rider Amount: \$ _____

Accidental Death Benefit Amount: \$ _____

Is the person proposed to be insured a citizen or permanent resident of the United States? _____

In the 5 years has anyone proposed to be insured been convicted of driving under the influence of alcohol or drugs? _____

PRIMARY DOCTOR FOR PRIMARY

Name of medical Provider: _____

Address: _____

Phone number: _____ Date last seen: _____

Reason and results of last visit: _____

Health issues: Diabetes, high cholesterol, etc. _____

Signature: _____

PRIMARY DOCTOR FOR SPOUSE TERM RIDER

Name of medical Provider: _____

Address: _____

Phone number: _____ Date last seen: _____

Reason and results of last visit: _____

Health issues: Diabetes, high cholesterol, etc. _____

Signature: _____

BANK ACCOUNT INFORMATION

Name of account holder: _____

Name of Financial Institution: _____

Routing number: _____ Checking/Savings account number: _____

Signature: _____

Notes

SIGNATURE OF AUTHORIZATION FORM

City and date: _____

Name of applicant: _____

Dear Sir/Madam:

I am authorizing my Agent _____ to scan my signature to be placed on every single missing form needed in order for my life insurance application to be completed and accurate.

I am signing this form as approval and acceptance for my Agent and his/her Agency to scan my signature as described above.

My application for life insurance is being submitted with the following carrier(s):

With my signature I am also stating that neither my Agent or his/her Agency, IMO, MGA, Insurer are liable in any legal way for the use of my scanned signature, therefore I am waiving any legal action against any of them, since I'm signing this form voluntarily.

Primary Insured

Signature:

Other Insured

Signature:

Owner signature

Signature: