

Agent Name: \_\_\_\_\_ Agent Email: \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_

## A 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? \_\_\_\_\_ Type: \_\_\_\_\_  
US Citizen?  Yes  No Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth State / Country: \_\_\_\_\_  
SSN: \_\_\_\_\_ DL#: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Income: \$ \_\_\_\_\_ Household Income: \_\_\_\_\_ Net Worth: \_\_\_\_\_  
Owner (if other than insured): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Purpose of Insurance: \_\_\_\_\_

## B PROPOSED LIFE INSURANCE

Carrier: \_\_\_\_\_ Product: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_ Underwriting Class Quoted: \_\_\_\_\_  
 Term Length of Term: \_\_\_\_\_  UL  IUL  WL  Survivorship  
Payment:  Monthly  Quarterly  Semi-Annual  Annual Premium: \$ \_\_\_\_\_ monthly  
Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Type of Account (Checking/Savings): \_\_\_\_\_ Preferred Date of Withdrawal: \_\_\_\_\_  
Waiver of premium Children Term Rider Children's Rider Face Amount: \_\_\_\_\_

## C MEDICAL INFORMATION

Date of last appointment: \_\_\_\_\_ Reason for visit: \_\_\_\_\_  
Diagnosis/treatment: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_

## D BENEFICIARY INFORMATION

Beneficiary Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Beneficiary Relationship: \_\_\_\_\_ Beneficiary DOB: \_\_\_\_\_ Beneficiary %: \_\_\_\_\_  
Beneficiary Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Beneficiary Relationship: \_\_\_\_\_ Beneficiary DOB: \_\_\_\_\_ Beneficiary %: \_\_\_\_\_

**E** REPLACEMENT QUESTIONS

Client have existing life insurance?  Yes  No

Is this replacing another policy?  Yes  No

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Term or Permanent Plan: \_\_\_\_\_

*Please note this is a cheat sheet and not the actual application.*