

Agent Information

Agent Name: _____

Agent Phone: _____

Agent Email: _____

Client Information

Client Name: _____

Client Birth Date: _____

Gender: Male Female

State: _____

Amount of Insurance: \$_____

Payment Option: Monthly Quarterly Semi-Annual Annual 1035 \$_____ Lump Sum \$_____

Desired Product Type: Index Universal Life Universal Life Whole Life Term Life Survivor Universal Life
Final Expense Guaranteed Issue Asset-Based Long-Term Care
Single Premium Universal Life Carrier Preference

Case Design: Cash Accumulation with Minimum Death Benefit

Income When? / For What?

Death Benefit Protection with Minimum Cash Accumulation

Living Benefits with Death Benefit

Other: _____

Additional Case Design Goals:

Funding Parameters (i.e. How much for how long?):

Riders: Accidental Death Benefit Waiver of Premium Return of Premium No Lapse Guarantee

Child Rider Units: _____

Select Health Class: Preferred Best Non-Tobacco Preferred Tobacco

Preferred Non-Tobacco Standard Tobacco

Standard Non-Tobacco

Present Nicotine Use: _____

None Cigarettes—Frequency of User Per Day: _____

Cigars Pipe Dip Chew Nicotine Gum Marijuana Other _____

Quantity Per Month: _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use:

Medical History

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

Alcohol Abuse	Diabetes A1C _____	Peripheral Vascular Disease
Alzheimer's/Dementia/Cognitive Impairment	Drug Abuse	Rheumatoid Arthritis
Asthma	Epilepsy	Sleep Apnea
Cancer Type Stage _____	Heart Murmur/Valve Disease	Stroke
Cirrhosis	Hepatitis	Other
COPD	Irregular Heartbeat/Palpitations	
Coronary Artery or Cerebrovascular Disease	Kidney Disease	
Crohn's Disease	Lupus	
Depression/Anxiety	Multiple Sclerosis	

List dates, diagnosis, details, last treatment date, plus names, addresses, and phone numbers of all physicians consulted (Additional Underwriting Questionnaires Available):

List of medications:
