



Request for Insurance Proposal

Date: ___/___/___

Advisor Name: _____ State: _____ Need by: ___/___/___
 Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Concept & Strategy Illustrated: _____

Purpose of Insurance: _____

Life Insurance

(mark one) Current or Proposed

Product Type: UL VUL 2nd to Die Term Term Length _____ ROP Yes No

Current:

Face Amt: \$ _____
 Premium Amt: \$ _____
 Surrender Value: \$ _____

Proposed:

Face Amt: \$ _____
 Premium Amt: \$ _____
 1035 Exch. Amt: \$ _____

Riders/Options: _____
 Premium Payment Mode:
 Single Prem. Ann. SA Qtr Monthly

Insured

Joint/Other Insured

Name: _____
 Date of Birth/Age: ___/___/___
 Sex: Male Female
 Tobacco Use (if so, what): No Yes _____
 Approx. Height/Weight: _____ lbs
Have you ever had:
High Blood Pressure No Yes
 Meds (name, dosage, freq.) _____ mg ___/day
High Cholesterol No Yes
 Meds (name, dosage, freq.) _____ mg ___/day
Heart Attack No Yes
 If yes, type, date & meds _____ mg ___/day
Cancer No Yes
 If yes, type, date & meds _____ mg ___/day
Stroke No Yes
 If yes, type, date & meds _____ mg ___/day
Other illness or health issues _____
 Meds _____ mg ___/day

 ___/___/___
 Male Female
 No Yes _____
 _____ lbs
 No Yes
 _____ mg ___/day
 No Yes
 _____ mg ___/day
 No Yes
 _____ mg ___/day
 No Yes
 _____ mg ___/day
 No Yes
 _____ mg ___/day
 _____ mg ___/day

Underwriting Class requested Pref.+ Pref. Stand. Rated Pref.+ Pref. Stand. Rated
 (your best estimate based on information)

Notes: _____