

**INDIVIDUAL LIFE PROPOSAL REQUEST**

Agent Name: _____		Date: _____
Company: _____		Email: _____
Address: _____		Phone: _____
City/State: _____	Zip _____	Fax: _____

**PROPOSED INSURED INFORMATION**

<b>Client Name:</b> _____ ___ Male ___ Female <b>D.O.B.</b> _____ ___ Tobacco User: ___ Cigarette ___ Cigar ___ Pipe ___ Chew ___ Non Tobacco ___ Number of years without tobacco use. ___ Super Preferred ___ Preferred ___ Standard ___ Substandard* align="center"> <small>*see health questions</small>	<b>Client Name:</b> _____ ___ Male ___ Female <b>D.O.B.</b> _____ ___ Tobacco User: ___ Cigarette ___ Cigar ___ Pipe ___ Chew ___ Non Tobacco ___ Number of years without tobacco use. ___ Super Preferred ___ Preferred ___ Standard ___ Substandard* align="center"> <small>*see health questions</small>
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**Quote design: Check all that apply**

VUL ___ UL ___ WL ___ ROP ___ TERM: 1 ___ 5 ___ 10 ___ 15 ___ 20 ___ 25 ___ 30 ___ Guaranteed Rates ___ Non-Guaranteed Rates ___ Full Pay /Short Pay ___ / Pay to Age 65 / Premium From C/V    Level DB / Increasing DB Search for Premium:    Endow / Guaranteed 15 Years	
Riders to be included: _____	Premium Payment Option: Annual    Semi-Annual    Quarterly    PAC
(1) Face Amount(s): \$ _____ 1035 Exchange    \$ _____ Available Premium: \$ _____	(2) Face Amount(s): \$ _____ 1035 Exchange    \$ _____ Available Premium: \$ _____

**COMPANY(S):**

1.) Plan: _____	3.) Plan: _____
2.) Plan: _____	4.) Plan: _____

**MEDICAL HISTORY** (please circle)

Parents or Sibling History of have or dying of:    Heart Disease or Cancer; Parents Living: Age(s) of Death: \_\_\_\_\_  
 Personal History of:    Heart; Diabetes; Cancer; Alcohol / Drug Rehab; High BP, Controlled? \_\_\_ , How long? \_\_\_\_\_  
 High Cholesterol, Controlled? \_\_\_ How long? \_\_\_ DUI, How Long Ago? \_\_\_ Other: \_\_\_\_\_

Details: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**AVOCATIONS:**    Pilot    Scuba Diver    Racing    Skydiving    Parachute Jumping  
 Provide details: \_\_\_\_\_  
 Rev: 3/30/06