

Permanent Insurance Check List

Name: _____ Date of Birth: _____

Gender: Male Female Rate Class: Preferred Best/ Preferred / Standard

****For assistance with determination of rate classes, please feel free to refer to our PIRE form.*

Tobacco Usage: Yes No If yes (ever), last usage & type: _____

Face Amount: _____ 1035 Amount (if applicable): _____

Mode of premium: Annual / Semiannual / Quarterly / Monthly

Please select which product you would like to see:

Whole Life / Current Assumption UL / Indexed UL / Guaranteed UL / Variable UL

Pay all years? Yes No If no, please specify age or number of years: _____

Riders or Optional Benefits:

Special Instructions: _____

Specific Carrier Requested: _____

****Please note that not all carriers offer every product, benefit, or rider.*

Agent: _____ Email Address: _____