



# Insurance Review Fax Sheet

AMG Marketing Consultant: \_\_\_\_\_

Agent Requesting: \_\_\_\_\_

Date: \_\_\_\_\_

# Pages (including cover): \_\_\_\_\_

Email: \_\_\_\_\_

Atlanta Office Fax: 678.461.2059

Athens Office Fax: 706.546.0564

*Please review the attached in force illustration and contact me with your recommendations.*

Client Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tobacco/ Non Tobacco? If ever used, last date used: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lower Premium- Same Death Benefit **OR** Same Premium- Higher Death Benefit

Needs Cash Value **OR** Does Not Want Cash Value

Currently making premium payments? Yes **OR** No

Client Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tobacco/ Non Tobacco? If ever used, last date used: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lower Premium- Same Death Benefit **OR** Same Premium- Higher Death Benefit

Needs Cash Value **OR** Does Not Want Cash Value

Currently making premium payments? Yes **OR** No

Comments:

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