

Today's Date _____

Client Information

Name _____

Address _____

Date of Birth _____

Tobacco User Yes No Last Used Tobacco _____

Occupation _____ Annual Income _____

Email Address _____

Employer Name _____

Business Ownership _____

Phone: Home _____ Office _____ Cell _____

Spouse Information

Spouse's Name _____

Date of Birth _____

Tobacco User Yes No Last Used Tobacco _____

Occupation _____ Annual Income _____

Email Address _____

Employer Name _____

Business Ownership _____

Phone: Home _____ Office _____ Cell _____

Children Information

Name _____ Date of Birth _____

Health and/or Financial Considerations

Financial Information

Assets

Life Insurance on Client \$ _____
 Life Insurance on Spouse \$ _____
 Real Estate Investments \$ _____
 Savings (Investments, IRAs, 401k, etc.) \$ _____
 TOTAL \$ _____

Liabilities/Cash Needs

Mortgage/Future Rent Fund \$ _____
 Auto Loans \$ _____
 Educational Funds \$ _____
 Final Expenses \$ _____
 Debts \$ _____
 TOTAL \$ _____

Spouse Survives Client

Income Objective \$ _____
 Spouse's Income \$ _____
 Other Income \$ _____
 (e.g., pension, Social Security*)

Client Survives Spouse

Income Objective \$ _____
 Client's Income \$ _____
 Other Income \$ _____
 (e.g., pension, Social Security*)

*For assistance with Social Security figures, you can go to <https://www.ssa.gov/oact/quickcalc/>.

For Illustrations: Please send completed form to your Life Sales Support Team

Fax: (309) 636-0363

Email: LifeSalesSupport@IllinoisMutual.com

Please Quote Path Protector® Term Life

Death Benefit: \$ _____

Term Length:
 10 Year 15 Year
 20 Year 30 Year

Rate Class**:
 Super Preferred
 Preferred
 Ultra Standard
 Standard

Optional Riders: _____

Additional Information: _____

Please Quote Path Protector® Return of Premium Term Life

Death Benefit: \$ _____

Term Length:
 20 Year 30 Year

Rate Class**:
 Super Preferred
 Preferred
 Ultra Standard
 Standard

Optional Riders: _____

Additional Information: _____

Please Quote Path Protector® Whole Life

Death Benefit: \$ _____

Payment Option:
 Continuous
 To Age 65
 20 Pay 10 Pay
 Single Pay

Rate Class**:
 Preferred
 Standard

Optional Riders: _____

Additional Information: _____

Note: This information is for quoting our products. Personal information is not released without authorization unless permitted by law. A copy of Illinois Mutual's privacy policy is available upon request.

**Consult the Life Underwriting Guide (Form A5664) for rate class criteria. Final rates are subject to individual underwriting results, which may vary from your selection on this form. Although we strive for accuracy, we reserve the right to correct quoting errors.

Policy Form 614, Renewable Term To Age 95; Policy Form 617, Whole Life Insurance To Age 121 Policy
 Policy Form LRPT15, Term Endowment Life Insurance

Not available in AK, DC, HI, MT or NY. Coverage and availability may vary in other states.

For costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual.