

Alternative Legacy Planning

Email Requested Proposal To:
 Paul Bartlett...paul@alternativelegacy.com or
 Fax: 760-888 0321 (No Cover Sheet Required)

REQUESTING AGENT	PHONE NUMBER	EMAIL	REQUEST DATE

PROPOSAL NAME	DATE OF BIRTH	REQUESTED INSURANCE AMOUNT	STATE	NOTES
Plan of Insurance Requested	Term	Permanent	Survivorship:	Simplified or Guarantee Issued
Plan of Insurance Requested	10 Year ___ 15 year ___ 20 Year ___ 30 Year ___ Other ___	UL ___ VUL ___ WL ___	SUL ___ SVUL ___ SWL ___	Final Expense _____

Current Nicotine Use: None _____ Cigarettes _____ frequency of use per day _____
 Circle one of the following (If applicable) Cigars Pipe Dip or Chew Nicotine Gum Other _____
 Quantity per month _____

Former Tobacco Use: Date of last use: _____ Type of Tobacco _____

Build: HT: _____ feet _____ inches WT: _____

General Medication List	Blood Pressure Yes ___ No ___	Cholesterol Medication Yes ___ No ___	Diabetes Yes ___ No ___ Type of Diabetes _____	If yes on Diabetes...include list of medication and age diagnosed. _____ _____ _____
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US Citizen: Yes ___ No ___
 Birth Country: _____
 If no, provide type and expiration date of visa, green card status, and length of time in USA:

Driving History: Have you had any of the following motor-vehicle-related incidents in the past 10 years?
 Moving violation Reckless driving DWI or DUI License suspension License revoked
 Provide dates, details:

Any family history (parent or siblings) with onset of disease before age 60 due to cardiovascular disease, Cerebrovascular disease, diabetes, or cancer? Yes ____ No ____.
 If yes, provide details:

Has any parent or siblings died before age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer? Yes ____ No ____
 If yes, provide details:

Aviation/Avocation: In the past five years have you or do you intend to participate in any of the activities listed?
 NO__ Flying ____ (other than a commercial passenger) Racing ____ Sky Diving ____ Scuba diving ____ Other ____
 Details:

Medical History: List any past medical history that may have an impact on proposed insured insurability:

Proposed Insured Existing Insurance			
Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

Special note: This is not a policy or a guaranteed offer of life insurance. All descriptions are intended solely to inform you about coverage options. Any difference between this proposal request and actual insurance issued, actual insurance issued will prevail.

CONFIDENTIALITY STATEMENT:
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