

CLIENT INFORMATION SHEET



Rating _____

Face Amount \$ _____

Monthly Premium \$ _____

☐ Term ☐ IUL ☐ UL

Level / Increasing

Date _____

Policy # _____

Illustration ID # _____

Agent _____ Code _____

Split Agent _____ Code _____

PERSONAL INFORMATION

Client Name (*First, Middle, Last*) _____ DOB _____

SSN _____

Gender: M F Married: Y N

Current Address _____

US Citizen: Y N Visa: Y N If yes _____

Place of Birth (*City, State*) _____

Years at Current Address _____

Drivers License _____ Exp _____

Cell Phone # (____) _____

Height _____ Weight _____

Email _____

FAMILY HISTORY

Mother: Living Y N If so age, _____

Father: Living Y N If so age, _____

If not living, age she passed away _____

If not living, age he passed away _____

EMPLOYMENT INFORMATION

Employer Name _____

Gross Worth \$ _____ Annual Income \$ _____

Employer Address _____

Net Worth \$ _____ Monthly Income \$ _____

Position _____

Phone (____) _____

How long _____

DOCTORS INFORMATION

Name _____

Reason _____

Address _____

Results _____

Medical Conditions _____

Phone (____) _____

Medications: Y N If yes _____

Date last seen _____

Smoker: Y N Nicotine in last 5 years: Y N

CRIMINAL BACKGROUND

Any Felonies or Misdemeanors Ever? Y N If yes, describe _____

Driving Violations / Suspended Y N If yes, describe _____

BENEFICIARIES

(P / C) Name _____ Relationship _____ DOB _____ Percentage _____

(P / C) Name _____ Relationship _____ DOB _____ Percentage _____

(P / C) Name _____ Relationship _____ DOB _____ Percentage _____

(P / C) Name _____ Relationship _____ DOB _____ Percentage _____

BANK INFORMATION

Bank Name _____

Routing # _____

Name of Account _____

Account # _____

Checking Savings Draft Day _____

ELECTRONIC SUBMISSION CONSENT FORM

I _____ give my agent, _____, permission to submit my Life Insurance application electronically on my behalf.

Client Signature _____

Date _____