



# Life Insurance Proposal Request

**Client #1 Information:**

**Client #2 Information:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M/F Tobacco N/Y HT/WT \_\_\_\_\_'\_\_\_\_\_" / \_\_\_\_\_ lb.

**Medical History:**

Name	Diagnosis	Date of Onset	Treatment	Medication/Dosage
1.				
2.				
3.				
4.				

**Insurance Information:**

Current life Insurance Company \_\_\_\_\_ Type of Coverage: Term/Whole Life/Universal Life

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Face Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Term Length \_\_\_\_\_ Yrs.

Reason for insurance: Family Protection; Eliminate Debt; Guarantee of Future Acceptance; Avoid Probate/ Taxes; Charity; Buy/Sell Agreement; Key Man; Other \_\_\_\_\_

**Do You Currently Have A Retirement Program? Yes / No**

401K \$ \_\_\_\_\_ / Sep \$ \_\_\_\_\_ Trad. IRA \$ \_\_\_\_\_ / Roth \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_ / Other \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_ Annual Family Income \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_

Amount of Face Requested \$ \_\_\_\_\_ or Maximum Monthly Payment \$ \_\_\_\_\_

Riders Requested: Spouse; Child; Waiver of Premium; Disability Income; ROP