

# Request For Life Quote

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

Agent name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Client name: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ Smoker: Non-smoker Rating: \_\_\_\_\_

Spouse name or 2<sup>nd</sup> to die: \_\_\_\_\_

DOB: \_\_\_\_\_ Smoker Non-smoker Rating: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

1035 exchange \$ \_\_\_\_\_

Dump in: \$ \_\_\_\_\_

Premium Mode/Amt: (Annual Semi-annual Qrtly Mo ) \$ \_\_\_\_\_

Waiver of Prem.: Yes NO

Objective:

Increase death benefit:

Decrease premium:

Solve for guaranteed premium: Guarantee Duration: \_\_\_\_\_

Solve for guaranteed death benefit: Guarantee Duration: \_\_\_\_\_

Income starting at age \_\_\_\_\_ for \_\_\_\_\_ years

Details (i.e. medical history goals for coverage, LTC benefit desired, etc.):