



Fast Fax

Life Insurance Illustration Request Form

Please send me illustrations on the following case ASAP:

Email _____ or Fax _____

Agent Name _____ Phone (____) _____ Fax _____

Address _____ City _____ State ____ Zip _____

Client/Prospect Name (optional) _____

Face Amounts _____

Male Female DOB: _____

Preferred Plus Preferred Standard Other _____

Plan Type: Term 5 Year 10 Year 15 Year 20 Year 30 Year

UL "O" @ Age ____ Lifetime Guarantee

Use Interest rate of Current Other _____

Survivorship Details: _____

Riders WP Other

Tobacco Usage History

- Ever used? Yes ____ No ____ • Type _____
- Amount and frequency _____
- Date use discontinued _____
- Are you currently using a nicotine patch or gum? Yes ____ No ____ (info details)

Build

- Height _____ Weight _____ • Maintained for last 12 months Yes ____ No ____ (info details)

	Cardiovascular Disease or Cancer before age 60?	Age if Living	Age at Death	Cause of Death
Father				
Mother				
Brothers				
Sisters				

Yes! Please send a Return of Premium Term Illustration