

Request For Life Quote

Date: _____

Agent: _____ Email/Phone: _____

Client name: _____ State: _____

DOB: _____ Smoker: __Non-smoker__ Rating: _____

Spouse name or 2nd 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):

Fax To
The Producers Firm
860-584-8462