



Life Illustration Request

Agent Information:

Name: _____ Email: _____
Phone: (____) _____ Ext: ____ Cell: (____) _____ Fax: (____) _____
Address, City, State, Zip: _____

Client Information:

Client 1: _____ DOB: ____ / ____ / ____ Age: _____
Gender: ____ State: ____ Risk Class: _____ Tobacco Use: Y / N Type: _____
Health Concerns: _____

Client 2: _____ DOB: ____ / ____ / ____ Age: _____
Gender: ____ State: ____ Risk Class: _____ Tobacco Use: Y / N Type: _____
Health Concerns: _____

Policy Information:

Face Amount: \$ _____ Specific Carriers: _____
Term Length: 5 10 15 20 25 30 _____ UL: Guaranteed / Non-Guaranteed / Indexed
WL Dividend Option: PUA DWI RP Cash Coverage to Age: _____ Pay to Age: _____
1035 / Lump Sum: \$ _____ Premium Mode: _____

Additional Information:

Diabetes: Type I / II A1c: _____ Age Diagnosed: _____ **List Meds Below**
Heart Disease: _____
Cancer History: _____
Other History or Impairments: _____

<u>Name of Medication</u>	<u>Dosage & Frequency</u>	<u>How Long Taking</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____