

## Product Proposal/Illustration Request Form

Fax to 518.371.6131 | Need Help? 800.695.8224

Life-Option 3 | LTC-Option 2 | Linked/Life x100/126 | Linked/Annuity x136 | DI - x113

### Life

Face Amount:	Term (Yrs.):	Life Insurance Type: <input type="checkbox"/> Trad. UL <input type="checkbox"/> Guar. No Lapse UL <input type="checkbox"/> IUL <input type="checkbox"/> WL	
Waiver: <input type="checkbox"/> Y <input type="checkbox"/> N	Level/Increasing Death Benefit:		Riders:
Solve for Value:	1035 Exchange: <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Amount:	LTC/Chronic Rider: <input type="checkbox"/> Y <input type="checkbox"/> N

### LTCI

Partnership: <input type="checkbox"/> Y <input type="checkbox"/> N	Daily/Mo. Benefit:	Benefit Period (Yrs):	Elim. Period 30-90 Days:
Inflation % (If Desired):	GPO:	Home Care %:	Riders:

### Linked Life/Annuity

Single/Annual Premium Amount:	1035 Exchange: <input type="checkbox"/> Y <input type="checkbox"/> N
LTC Benefit Desired: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	No. of Years: _____ Inflation: <input type="checkbox"/> Y <input type="checkbox"/> N

### DI

Occupation:	Specific Duties:
Own Business: <input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Classification: <input type="checkbox"/> Sole Prop <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> C-Corp
Mon./Ann. Income (after expenses) \$:	Monthly DI Benefit Desired (or max)\$:
Waiting Period (days): <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> 730	Benefit Period: <input type="checkbox"/> 2yrs. <input type="checkbox"/> 5yrs. <input type="checkbox"/> -Age 65 <input type="checkbox"/> -Age 67
Disability Coverage In Force: <input type="checkbox"/> Individual <input type="checkbox"/> Group	Details:

### Annuity

Immediate: <input type="checkbox"/> SPIA <input type="checkbox"/> Deferred	Deposit Amount:	Tax Qualified: <input type="checkbox"/> Y <input type="checkbox"/> N	Deferred: <input type="checkbox"/> Traditional <input type="checkbox"/> Indexed
SPIA Income Desired:	Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	SPIA Life Only: <input type="checkbox"/> Y <input type="checkbox"/> N	Installment Refund: <input type="checkbox"/> Y <input type="checkbox"/> N
Period Certain (years):	Survivor Benefit % <input type="checkbox"/> 100 <input type="checkbox"/> 66 <input type="checkbox"/> 50		

### Other Product/Rider Requests

Producer Name:	Phone:	Fax:
Email:	State of Application:	Firm Affiliation:

Client Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY):
Height:	Weight:	Tobacco Use (last 24 mo.): <input type="checkbox"/> Y <input type="checkbox"/> N
Prescription Dosage/Frequency:		
Health Conditions:		

Spouse/Partner Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB (MM/DD/YYYY):
Height:	Weight:	Tobacco Use (last 24 mo.): <input type="checkbox"/> Y <input type="checkbox"/> N
Prescription Dosage/Frequency:		
Health Conditions:		

### Our Policy is Taking Care of You

Long-Term Care | Life | Disability | Annuities | Medicare | Benefits