Request for Proposal

Agent:	PH:	E-Mail or FX:	
Client:	State: _	Sex: M <> F <>	DOB:/
Tobacco: No <> Yes <> Type:	Quit W	hen?Height:	Weight:
Health: Excellent <> Good <>	Fair <> Poor <> Medica	tions:	
Health History:			
Death Benefit:			
Mode: Annual <> S/A <> Q			
Product Type:			
Term: ART <> 10YLT <> 15YL	_T <> 20YLT <> 30YLT <>	Return of Premium? Y	'es <> No <>
UL: Guaranteed <> Interest S	Gensitive <> Coverage	e to Age: 85 <> 90 <> 95	<> 100 <> 105 <> Gtd <>
Cash Value Target: Endow <>	> Specific Amount:	Age:	
% Rate: Current <> Other:	% Testing	g: GPT <> CVAT <>	
Premium Years: All Years <>	# Years:Lump S	um or 1035x:	
Whole Life: % Base: 9	6 Term: Premium	Years: All Years <> Nati	ural <> # Years:
Paid-Up Additions Rider: No	<> Yes <> Amount:	Other:	
Indexed Life or VUL: Specific	: Premium Amount:	Annual	<> S/A <> Q <> Monthly <>
Cash Value Target: Max Pren	nium <> Endow <> Cash	Value:	@ Age:
Income Target:Other:			⇔
Premium Years: All Years <>	# Years: to Ag	ge: 50 <> 55 <> 60 <>	65 <> 70 <> 75 <>
Assumed Rate of Return:	% Alternate Rate	e of Return:%	Testing: GPT <> CVAT <>
Term Blend %:G	itd DB Rider: No <> Yes	<> to Age: 85 <> 90 <> 9	95 <> 100 <> 105 <> Gtd <>