

LIFE INSURANCE APPLICATION CHECKLIST

- Name:
- Height:
- Weight:
- Gender:
- DOB:
- Social Security Number:
- Occupation:
- Phone - Mobile: Home: Work:
- Home Address:
- Mailing Address:
- Email:
- State/Country of Birth:
- US Citizen?
- English Speaking?
- Will the policy be owned by someone other than the insured?
- Will there be any contingent owners?
- Will there be a payor other than the insured?
- State where Life Insurance is being applied for:
- Last time you used nicotine?
- Amount of Death Benefit you are applying for: \$
- Premium Pay Frequency: Monthly, Quarterly, Semi-Annually, or Annually?
- Would you like to add waiver of premium, or a children's term rider?
- Beneficiary Info Needed: Full Name; Relationship; DOB; SSN; Primary or Contingent and Percentage
- Purpose of Insurance: Income Replacement; Debt Replacement; Estate; Conservation; or Other?
- Your Individual Gross Annual Income: \$
- Total Debt: \$
- Total Assets: \$
- Do you have existing Life Insurance or Annuities?
- Will this Policy replace or change any of your existing Life Insurance or Annuities?
- Please list all current Life Insurance Details: Name of Company; Amount of Coverage/Death Benefit \$; Type of Policy (Length of Term/Permanent/Etc.); and Policy Number(s)