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Wholesale Insurance for the Financial Professional

Proposal Request

Client Nam	e:						
Height:	Weight:	Date of Birth:	Age Last:	Age Ne	earest:	☐ Smoker	
Spouse Nar	ne:						
Height:	ght: Weight: Date of Birth:		Age Last:	Age Nearest:		☐ Smoker	
Life Insur	ance						
Face Amou	nt \$		Term Insuran	Term Insurance:			
Product:			☐ 10 year	☐ 15 year	☐ 20 year	☐ 30 year	
Premium \$			Add'l Pour In	Add'l Pour In \$ Year 1:			
☐ Ten Pay			Death Benefit	Death Benefit:			
☐ Pay to Ag	ge 65		☐ Option A-L	☐ Option A-Level			
☐ Vanish P	remium Yr		☐ Option B-Increasing				
☐ Income @	@ Age:		☐ Dividend 0	☐ Dividend Option			
Daily Benefit Peri Waiting Per Home Healt Inflation: C Coverage in Annual Inco	od: 1yr 2yr 3yr riod in days: 0 20 th Care: □ 50% □ 1 5% Compounded the California Par tome if available: \$ tory or Comments:	120 \$140 \$150 \$200 4yr 5yr Unlimited 1 30 45 60 90 100 180 1 100% 1) None Guestimate o	f Net Worth i	f available: \$		
Company to	o Illustrate:						
Broker:			Phone:	Phone:			
Fmail:			Date:	Date:			