

## Proposal Request

Client Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age Last: \_\_\_\_\_ Age Nearest: \_\_\_\_\_ ☐ Smoker

Spouse Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age Last: \_\_\_\_\_ Age Nearest: \_\_\_\_\_ ☐ Smoker

## Life Insurance

Face Amount \$ \_\_\_\_\_

Term Insurance: \_\_\_\_\_

Product: \_\_\_\_\_

☐ 10 year ☐ 15 year ☐ 20 year ☐ 30 year

Premium \$ \_\_\_\_\_

Add'l Pour In \$ Year 1: \_\_\_\_\_

☐ Ten Pay

Death Benefit:

☐ Pay to Age 65

☐ Option A-Level

☐ Vanish Premium Yr. \_\_\_\_\_

☐ Option B-Increasing

☐ Income @ Age: \_\_\_\_\_

☐ Dividend Option

## Long Term Care, Plan Design

Daily Benefit: \$90 \$100 \$120 \$140 \$150 \$200 Other \$ \_\_\_\_\_

Benefit Period: 1yr 2yr 3yr 4yr 5yr Unlimited

Waiting Period in days: 0 20 30 45 60 90 100 180

Home Health Care: ☐ 50% ☐ 100%

Inflation: ☐ 5% Compounded ☐ 5% Simple ☐ None

Coverage in the California Partnership? ☐ Yes ☐ No

Annual Income if available: \$ \_\_\_\_\_ Guestimate of Net Worth if available: \$ \_\_\_\_\_

Health History or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company to Illustrate: \_\_\_\_\_

\_\_\_\_\_

Broker: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_