

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: _____