Individual IUL Application

INSURED ☐ Citizen ☐ Permanent Residence ☐ VISA ☐ Others

Name _____ Gender ☐ M ☐ F

DOB _____ Age _____ ☐ Single ☐ Widowed ☐ Married ☐ Divorced

SSN _____ Email _____

Driver's License # _____ Issued State _____

Phone _____ ☐ AM ☐ PM
Best time to call

Address _____

City _____ State _____ ZIP _____

Occupation _____ Job Duty _____

Business Name _____ Years
How Long

Phone _____ Years Hours
Business Experience Hours/Week

Annual Earned Income $ _____ Household Income $ _____ Net Asset $ _____

BENEFICIARIES

If you have 2 or more bensficiaries, Please write it on the back of this Application.

Name _____ DOB _____

Relationship _____ Ratio _____ % _____
Social Security #

Address _____

BANK ACCOUNT ☐ Checking ☐ Saving

Bank Name | Bank Account Owner's Name

Routing Number | Account Number

EXISTING COVERAGE

Company _____ Face Amount $ _____

Plan _____ _____ Replace? ☐ Yes ☐ No
Issuing Date

Do you have **Pending insurance policies?** ☐ YES ☐ NO

Drinking? ☐ Yes ☐ No How much? X times/month **Quit? (How long?)**

Smoking? ☐ Yes ☐ No How much? X packs/month **Quit? (How long?)**

Do you have DUI or traffic Ticket record? ☐ YES ☐ NO

Do you have Dangerous hobbies? ☐ YES ☐ NO

Do you have Plan An Overseas Trip? ☐ YES ☐ NO

PRIMARY CARE DOCTOR

Name _____ Phone _____

Address _____

Recent visit (When?, Why?, Treatment?, Prescription?)

HEALTH HISTORY If YES, Please write details on the back of this Application.

Within the past 5 years, Have you ever been diagnosed as having, been treated for, or consulted a member of the medical profession. ☐ YES ☐ NO

Do you have regular basis Medication? ☐ YES ☐ NO

Do you have family's health history? (Father, Mother, Siblings) ☐ YES ☐ NO

Exams

Date MM / DD / YYYY | Time | Place

Plans

Name | Face Amount | DB Option

Rider / Rate | P | C | DI

Premium | Premium Date ☐ As Issuded ☐ 5 ☐ 12 ☐ 20 ☐ 28 | How Long

1st Year Matching Method ☐ A ☐ B

Insured Portion $ _____ **Matching Portion** $ _____

Insured, Owner, Payor information

☐ Owner ☐ Payor Name | DOB

Address

Driver's License # | ST | Social Security #

☎ Cell | Email

How did you hear about us?

Name | Manager

Beneficiaries

☐ First ☐ Secondary — Name — DOB

SSN — Relationship — Ratio %

Address

☐ First ☐ Secondary — Name — DOB

SSN — Relationship — Ratio %

Address

☐ First ☐ Secondary — Name — DOB

SSN — Relationship — Ratio %

Address

Existing Insurance policies

Company — Amount $

Plan — Issuing Date — Replace? ☐ Yes ☐ No

Company — Amount $

Plan — Issuing Date — Replace? ☐ Yes ☐ No

Company — Amount $

Plan — Issuing Date — Replace? ☐ Yes ☐ No

Pending insurance policies?

Company — Face Amount $

Plan — Application Date

Company — Face Amount $

Plan — Application Date

Drivers license's record

DUI or Ticket record?

Dangerous hobbies?

Planning An Overseas Trip?

Medical History

History #1 (When?, Why?, Treatment?, Was recovery complete?)

History #2 (When?, Why?, Treatment?, Was recovery complete?)

History #3 (When?, Why?, Treatment?, Was recovery complete?)

History #4 (When?, Why?, Treatment?, Was recovery complete?)

Regular basis Medication Details

Medication #1 (Medication, What for?, How long?)

Medication #2 (Medication, What for?, How long?)

Medication #3 (Medication, What for?, How long?)

Medication #4 (Medication, What for?, How long?)

Family History

Father (Death/Alive, Age, Age at death, Causes of death)

Mother (Death/Alive, Age, Age at death, Causes of death)

Sibling#1 (Death/Alive, Age, Age at death, Causes of death)

Sibling#2 (Death/Alive, Age, Age at death, Causes of death)

Sibling#3 (Death/Alive, Age, Age at death, Causes of death)

Sibling#4 (Death/Alive, Age, Age at death, Causes of death)