



*Life Illustration Request*

*Agent Information:*

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

*Client Information:*

Client 1: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_ State: \_\_\_\_ Risk Class: \_\_\_\_\_ Tobacco Use: Y / N Type: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_

Client 2: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_ State: \_\_\_\_ Risk Class: \_\_\_\_\_ Tobacco Use: Y / N Type: \_\_\_\_\_  
Health Concerns: \_\_\_\_\_

*Policy Information:*

Face Amount: \$ \_\_\_\_\_ Specific Carriers: \_\_\_\_\_  
Term Length: 5 10 15 20 25 30 \_\_\_\_\_ UL: Guaranteed / Non-Guaranteed / Indexed  
WL Dividend Option: PUA DWI RP Cash Coverage to Age: \_\_\_\_\_ Pay to Age: \_\_\_\_\_  
1035 / Lump Sum: \$ \_\_\_\_\_ Premium Mode: \_\_\_\_\_

*Additional Information:*

Diabetes: Type I / II A1c: \_\_\_\_\_ Age Diagnosed: \_\_\_\_\_ **List Meds Below**  
Heart Disease: \_\_\_\_\_  
Cancer History: \_\_\_\_\_  
Other History or Impairments: \_\_\_\_\_

<u>Name of Medication</u>	<u>Dosage &amp; Frequency</u>	<u>How Long Taking</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____