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Helping Financial Advisors Help Their Clients

LIFE INSURANCE ILLUSTRATION REQUEST

Today's Date: _____ Needed By: _____ State In Which Policy Will Be Issued: _____

Agent Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

CLIENT INFORMATION

INDIVIDUAL LIFE

SURVIVORSHIP LIFE

First Insured: _____

Second Insured: _____

Date of Birth: _____ MALE FEMALE

Date of Birth: _____ MALE FEMALE

Tobacco Use: NO YES If YES, What type?

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Cigarettes Cigars Pipe Snuff Chew Other

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Amount & Frequency _____

Amount & Frequency _____

HEIGHT _____ WEIGHT _____

HEIGHT _____ WEIGHT _____

Does client take any medication? YES NO

Does client take any medication? YES NO

If Yes - What Kind, How Much, And How Often:

If Yes - What Kind, How Much, And How Often:

Are There Any Health, Family History, Financial Issues Or Hazardous Activities That Would Affect The Underwriting Of The Policy?
(If This Is An Impaired Risk Case Ask For Our Quick Quote Form)

COMMENTS: _____

POLICY INFORMATION

DEATH BENEFIT: Specified \$ _____ OR Solve

DEATH BENEFIT OPTION: Level Increasing

PREMIUM: Specified \$ _____ OR Solve Mode: A, SA, Q, M

OR Solve for \$ _____ cash value @ age 100

IS THERE A BUDGET LIMIT? YES NO Maximum \$ _____ Per Year Month

Years / Age to PAY PREMIUMS: _____ 1035 AMOUNT \$ _____ ADDITIONAL LUMP SUM \$ _____

FUTURE DISTRIBUTIONS: YES NO WHEN _____ DURATION _____ ANN'L AMOUNT \$ _____

TYPE POLICY TO BE ILLUSTRATED: TERM: 10 15 20 25 30 PERMANENT: WL UL VUL

GROSS % RATE TO USE FOR VUL ILLUSTRATIONS: 6% 7% 8% Other _____ %

RIDERS REQUESTED: _____

PURPOSE OF COVERAGE: Death Benefit Income Estate Planning

Miscellaneous Information / Comments: _____

Please email completed form to: robert@ipg-us.com

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