



Life Insurance Proposal Request Form

Today's Date	
Client Name	
Client Information	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ State: _____ UW Class: <input type="checkbox"/> Preferred Non-Smoker <input type="checkbox"/> Std Non-Smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Sub Rating (Tbl Rating) ____
Death Benefit	<input type="checkbox"/> Specified Amount _____ <input type="checkbox"/> Solve for minimum death benefit to maximize cash value <input type="checkbox"/> Solve for maximum death benefit based on premium
Death Benefit Option	<input type="checkbox"/> Option A - Level <input type="checkbox"/> Option B - Increasing
Premiums	<input type="checkbox"/> Contribute specified premium \$ _____ from year ____ to ____ <input type="checkbox"/> Solve for target premium <input type="checkbox"/> Solve for maximum non-MEC premium <input type="checkbox"/> Solve for minimum premium <input type="checkbox"/> 1035 \$ _____ in year 1 - Source: _____
Withdrawals	<input type="checkbox"/> Withdraw income from age ____ to ____ <input type="checkbox"/> Withdraw maximum income <input type="checkbox"/> Withdraw specified income amount \$ _____
Products	<input type="checkbox"/> Universal Life <input type="checkbox"/> Indexed Universal Life <input type="checkbox"/> Whole Life <input type="checkbox"/> Variable Universal Life (VUL) <input type="checkbox"/> Survivorship Universal Life (SUL)
Illustration Assumptions/ Special Instructions	

Please email all quote requests to:
Stacey@marketingfinancial.com
or call 800-677-1087