

Case Design Packet

ILLUSTRATION REQUEST & FINANCIAL UNDERWRITING SNAPSHOT
SALES DEVELOPMENT ADVISORS

INDEX UNIVERSAL LIFE ILLUSTRATION REQUEST

Date Requested: _____ Date Due: _____ Agent Name: _____

Client Name: _____ State: _____ Sex: _____ Date of Birth: _____

Tobacco Use: _____ Underwriting Class: _____

Spouse Name: _____ State: _____ Sex: _____ Date of Birth: _____

Tobacco Use: _____ Underwriting Class: _____

Federal Tax Rate: _____ State Tax Rate: _____ Combined Tax Rate: _____

Insurance Type

IUL Whole Term _____

Insurance Carrier: _____

Product: _____

Amount of Total Premium: \$ _____

Tax Status of Premium: *(Select)*

Per Year: \$ _____

Non-Qualified

Divided over _____ years

Qualified

Other Specifications: *(Select)*

Death Benefit Option

Income / Loans begin at Age: _____

Increasing (Assumed)

OR Income / Loans begin in Year _____

Level

Max Accumulation

Death Benefit Guarantee:

Max Death Benefit

Term of DB Guarantee _____

Riders

Filing Status

Accelerated Benefits (Assumed)

Married Filing Jointly

Long Term Care Rider-Amount _____ % _____

Married Filing Separate

PDA (3 - 10yr deposit) _____ years

Head Of Household

1st To Die (Survivorship Plan Only)

Single

Internal Use Only

Income: \$ _____ NII: \$ _____ DB: \$ _____

ROR: _____ % TP: \$ _____ Comp: _____

Notes: _____

Fax to: **(888) 370-2122**

OR

Email to: Your **Sales Development Advisor**

Internal use: Completed by _____ Date / Time: _____

Financial Underwriting Snapshot

Insured Info

Name: _____

DOB: _____

Income: _____

Source of Income: _____

If Retirement Funds, what source: _____

Spouse Info / Parent Info

Name: _____

DOB: _____

Income: _____

Source of Income: _____

If Retirement Funds, what source: _____

Breakdown of Assets

Insured

Savings/Cash: _____

Investments: _____

Total Retirement Funds: _____

Other (specify source): _____

Total Estimated Net Worth: _____

Spouse / Parent

Savings/Cash: _____

Investments: _____

Total Retirement Funds: _____

Other (specify source): _____

Total Estimated Net Worth: _____

Qualifications

Insured

Beneficiaries: _____

Dependents: _____

Amount of Life Insurance Inforce: _____

Household Inforce Coverage Premium Source/Amount: _____

Spouse / Parent

Beneficiaries: _____

Dependents: _____

Amount of Life Insurance Inforce: _____

Insured's Pre-Qualification Check

My Insurability

- Age 21 and under: Living expenses dependent upon parent/ guardian - I pre-qualify for coverage up to half of the highest insured parent/guardian, re: life insurance currently inforce. My parent/ guardian can be listed as Owner of my policy.
- Ages 30 to 65: Employed and beneficiary(s) are dependent on my salary - I pre-qualify for Income Replacement coverage and may use no more than 20% of my annual earnings to fund the policy.
- Ages 41 to 75: Income from Retirement Funds - I pre-qualify for Estate Planning coverage.
- Other (Specify): _____

My Premium Source and Amount

- Age 59 ½ and under: To fund the policy, I may use up to 40% of my liquid net worth.
- Age 60 - 69 ½: To fund the policy, I may use up to 30% of my liquid net worth.
- Age 70 - 75: To fund the policy, I may use up to 20% of my liquid net worth.
- Other (Specify): _____

The information provided above is accurate, to the best of my knowledge and totals may include estimations. I understand that this information may be used during the underwriting process for purposes of attaining life insurance.

Insured & Owner Signature: _____ Date: _____

Advisor Signature: _____ Date: _____