

Life Savings Accounts Intake Form

This is a detailed information intake form for any life insurance quote as well as any financial plannings. Fill out online, print, then bring it to the agent.

Name of Insured

First

Last

Address

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Email

Sex

☒ Male ☐ Female

☐

Date of Birth

Social Security Number

US Citizen?

☒ Yes ☐ No

☐

Alien Number & Expiration Date

Premium Amount \$

Decide how you can afford to pay for your insurance.

Driver License Number

Amount of Insurance \$

Decide how money the face amount you want.

State of Birth

Choose how you want to pay for your insurance

☒ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly ☐ Single premium

☐

City of Birth

Please attach a voided check

☒ 1 ☐ 8 ☐ 15 ☐ 22

☐

Name of Employer

Address of Employer

Employer Phone Number

Your Occouparation

How many years employed

Your Annual Income

Enter your gross income; it is before deductions.

Your Household Income

Add all income from everyone in the family.

Health Condition

Use Tobacco?

☒ Yes ☐ No

☐

Medications & Dosages

Doctor Phone Number

Please list all medications and their respective dosages.

Date last seen Doctor

When did you see your doctor last?

Father age if still living

Father age at death

Father cause of death

Mother age if still living

Mother age at death

Mother cause of death

Name

First

Last

Address

Address Line 1

Address Line 2

City

State

Zip Code

Occupation

Number of Years Employed

Annual Income

Household Income

Enter yearly income.

Date of Birth

Social Security Number

Alien Number if Not US Citizen

Alien Expiration Date

1. Beneficiary Name

First

Last

Date of Birth

Social Security Number

2. Beneficiary Name

First

Last

Date of Birth

Social Securiry Number

3. Beneficiary Name

First

Last

Date of Birth

Social Security Number

4. Beneficiary Name

First

Last

Date of Birth**Social Security Number****Beneficiary 1 Percentage (%)****Beneficiary 2 Percentage (%)****Beneficiary 3 Percentage (%)****Beneficiary 4 Percentage (%)****Signature (sign after printing out)****Date**