

INDIVIDUAL LIFE PROPOSAL REQUEST

DATE: _____ ADVISOR NAME: _____
PHONE: _____ FAX: _____ EMAIL: _____
RETURN QUOTE BY: EMAIL FAX MAIL AGENT PICK UP NEEDED BY: ___/___/___

RESET FORM

CLIENT INFORMATION:

CLIENT NAME: _____ DATE OF BIRTH: _____
 MALE FEMALE HEIGHT: _____ WEIGHT: _____ lbs.
NICOTINE USE: YES NO QUIT WHEN _____
FORM: CIGARETTES CIGARS CHEWING TOBACCO OTHER: _____
RATE CLASS DESIRED: BEST RATE PREFERRED STANDARD RATED: _____
OCCUPATION & DUTIES: _____ ANNUAL INCOME: _____

PLAN OF INSURANCE:

TERM YEARS: _____ ROP TERM YEARS: _____ UNIVERSAL LIFE INDEXED UNIVERSAL LIFE WHOLE LIFE
AMOUNT OF INSURANCE: _____
RIDERS: WAIVER OF PREMIUM CHILD RIDER: _____ ACCIDENTAL DEATH BENEFIT: _____
 LONG TERM CARE CRITICAL ILLNESS
LIFE INSURANCE RETIREMENT PLAN (MINIMUM NON-MEC DEATH BENEFIT):
ANNUAL CONTRIBUTION: _____ NUMBER OF YEARS: _____
YEAR INCOME TO START: _____ YEAR INCOME TO END: _____
ILLUSTRATED RATE: _____ (6% SUGGESTED)

MEDICAL HISTORY:

HAS THE CLIENT BEEN TREATED FOR ANY OF THE FOLLOWING?
 ALCOHOL/DRUGS CANCER CARDIAC DIABETES HYPERTENSION DEPRESSION
 LUNG DISORDERS SLEEP APNEA OTHER _____
GENERAL HEALTH DETAILS: _____
TREATMENTS (WITHIN LAST 5 YEARS): _____
MEDICATION(S) (NAME AND DOSAGE): _____

FAMILY HISTORY: (PARENTS & SIBLINGS) DECEASED OF HEART DISEASE OR CANCER PRIOR TO AGE 60

YES NO IF YES, DETAILS: _____

DRIVING HISTORY: IN THE PAST 10 YEARS, HAS THE CLIENT HAD ANY OF THE FOLLOWING MOTOR VEHICLE RELATED INCIDENTS?

MOVING VIOLATION RECKLESS DRIVING DUI LICENSE SUSPENDED OR REVOKED

IF YES, DETAILS: _____

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OR SEND TO plusmarketing@pfnins.com



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