

New Business Transmittal Form



Submission Date:

Branch Location:

Lead Source (select one)

Medicals Ordered?

Notes:

A. Client Referral

Para Med

APS

B. Existing Client

Blood

C. Turning 65

Urine

D. Natural Market

EKG

Was this application funded with qualified money? No Yes

Signature Date of Application:

Carrier:

Agent # w/Carrier:

Applicant Name (Last)				
(First)	(Middle)	(Suffix)	Age	
Applicant Street Address				
City	State	Zip	Applicant Phone Number	

Transaction Type	Check here <input type="checkbox"/> if eApp	(Please Circle One) TYPE OF PRODUCT:	NAME OF PRODUCT
N. New Business	U. Upgrade	Annuity Life	
E. Exchange	D. Dump In	DI LTC	Medicare Supp
R. Reinstatement	O. OFS/COD Money	If Universal Life Please Complete Below: What is the target Premium?	
B. Balance of Mode	L. Loan Repayment	Access First Year Premium Over Target:	
P. Premium Payment	A. Additional Money on Pended App		

Check Amount (must be exact)	Annual Premium	Check Number	1035 or TRANSFER:	Estimated Total Commission
Writing Agent #	Writing Agent Last Name (First 4 digits)		Commission Percentage	
			%	
Split Agent #	Split Agent Last Name (First 4 digits)		Commission Percentage	
			%	

If Annuity: Qualified Non Qualified