



EASY APPLICATION
DROP TICKET

1-(800)-772-6881 x3302
LIFESALES@PFSINSURANCE.COM

Name (F/M/L): _____ Birthdate (MM/DD/YYYY): _____

Gender: M F Height: _____ Weight: _____

Social Security Number: _____ State of Birth: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Driver's License Number: _____ Driver's License State: _____

Annual Income: _____ Networth: _____

Occupation: _____ Employer: _____

Have you ever used any form of tobacco or nicotine-based products?

If yes, please provide the last date of use: Y N Date (M/Y): _____

Company Applied for: _____

Product Type: Term IUL Indexed UL

Payment Period (for UL/Indexed UL Only): Pay to Age: _____ Pay to Year: _____

Duration (for Term Only): 10 year 15 year 20 year 25 year 30 year Age 105

Amount of Insurance: \$250,000 \$500,000 \$100,000,000 \$150,000,000 Other: _____

Purpose of Insurance: Income Replacement Key Man Buy/Sell Family Protection Other: _____

Premium Amount Quoted: _____

Billing Frequency: Monthly (EFT) Quarterly Semi-Annual Annual

Bank Name: _____ Account Owner Name: _____

Account Type: _____ Routing Number: _____

Account Number: _____

Include Riders? If yes, please write below. Y N

Do you have existing Life insurance? If yes, please answer the questions below. Y N

Company: _____ Company: _____

Policy Number: _____ Policy Number: _____

Face Amount: _____ Face Amount: _____

Type of Policy: Business Keyman Personal Type of Policy: Business Keyman Personal

Date Issued (MM/DD/YYYY): _____ Date Issued (MM/DD/YYYY): _____

Beneficiaries: _____ Beneficiaries: _____

Will this be replaced? Y N Will this be replaced? Y N

Have you ever had a request for Life insurance declined, postponed, or offered other than as applied for? Y N If yes, please provide details:

Do you have an application pending in another company? Y N If yes, please provide details:

Is there an intention that any party, other than the owner, will obtain any right, title, or interest in any policy issued on the life of the proposed insured as a result of this application? Y N
If yes, please provide details:

For any policy to be issued as a result of this application, will any portion of the initial or future premiums be borrowed, loaned, or otherwise financed? Y N If yes, please provide details:

Would you like to have your policy electronically delivered when it's issued? Y N

Policy Owner (if other than proposed insured)

- a. Full Legal Name: _____
- b. Date of Birth (MM/DD/YYYY): _____
- c. Social Security Number: _____
- d. Relationship: _____
- e. Address: _____
- f. Telephone: _____

Primary Beneficiary	Beneficiary #1	Beneficiary #2	Beneficiary #3
a. Full Legal Name:	_____	_____	_____
b. Date of Birth (MM/DD/YYYY):	_____	_____	_____
c. Social Security Number:	_____	_____	_____
d. Relationship:	_____	_____	_____
e. Address:	_____	_____	_____
f. Telephone:	_____	_____	_____

Contingent Beneficiary	Contingent #1	Contingent #2	Contingent #3
a. Full Legal Name:	_____	_____	_____
b. Date of Birth (MM/DD/YYYY):	_____	_____	_____
c. Social Security Number:	_____	_____	_____
d. Relationship:	_____	_____	_____
e. Address:	_____	_____	_____
f. Telephone:	_____	_____	_____

Agent Information	Primary Agent	Secondary Agent (If Split Case)
a. Full Legal Name:	_____	_____
b. Agent Social Security Number:	_____	_____
c. Agent ID:	_____	_____
d. Split % (If Applicable):	_____	_____
e. Agent Email:	_____	_____
f. Agent Phone Number:	_____	_____

Notes:

