



Pinnacle Financial Services
Easy Application

1-800-772-6881 x3302
lifesales@pfsinsurance.com

Name (First/Middle/Last): _____

Birthdate (mm/dd/yyyy): _____ Gender: M F

Height: _____ Weight: _____

Social Security Number: _____ State of Birth: _____

Home Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

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

Annual Income: _____ Networth: _____

Email Address: _____ Occupation: _____

Have you ever used any form of tobacco or nicotine based products? No Yes
If yes, when did you last use tobacco or nicotine based products? (m/y): _____

Company Applied for: _____

Product Type: Term UL 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 \$1,000,000 \$1,500,000 Other: _____

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

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

Premium Amount Quoted: _____

Bank Name: _____ Account Owner Name: _____

Account Type: _____ Routing Number: _____

Account Number: _____

Include Riders? (If yes, please answer the questions below) No Yes

Accidental Death Benefit: No Yes Coverage Amount: _____

Childrens Insurance Benefits: No Yes Coverage per Child: _____

Disability Benefit Rider: No Yes Monthly Specified Amount: _____

Waiver of Premium: No Yes

Do You Have Existing Life Insurance? (If yes, please answer the questions below) No Yes

Company: _____ Company: _____

Policy Number (if known): _____ Policy Number (if known): _____

Face Amount: _____ Face Amount: _____

Year Issued: _____ Year Issued: _____

Beneficiaries: _____ Beneficiaries: _____

Will this be replaced? No Yes Will this be replaced? No Yes

Have you ever had a request for life insurance declined, postponed, or offered other than as applied for? No Yes

(If yes, please provide details): _____

Do you have an application pending in another company? No Yes

(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? No Yes

(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? No Yes

(If yes, please provide details): _____

Would you like to have your policy electronically delivered when it is issued? No Yes

Policy Owner (if other than proposed insured)

a. Full Legal Name: _____

b. DOB: _____

c. SSN: _____

e. Relationship: _____

f. Address: _____

g. Telephone: _____

Primary Beneficiary	Beneficiary #1	Beneficiary #2	Beneficiary #3
a. Full Legal Name: _____			
b. DOB: _____			
c. SSN: _____			
e. Relationship: _____			
f. Address: _____			
g. Telephone: _____			

Contingent Beneficiary	Contingent #1	Contingent #2	Contingent #3
a. Full Legal Name: _____			
b. DOB: _____			
c. SSN: _____			
e. Relationship: _____			
f. Address: _____			
g. Telephone: _____			

Agent Information	Primary Agent	Secondary Agent (if split case)
a. Full Legal Name: _____		
b. Agent SSN: _____		
c. Agent ID: _____		
e. Split % (if applicable): _____		
f. Agent Email: _____		
g. Agent Phone Number: _____		

Notes

