



LIFE, ANNUITY & LTC NEW BUSINESS FAX

To: Life, Annuity & LTC New Business

Fax # Used:

From: _____

(267) 386-8132

Date: _____

Pages: _____

During the next 48 hours, I can be reached at:

Phone # _____ Email _____

Please Check Each Box to verify you have reviewed the attached application(s)

- HIPPA Form
- Signed at (Solicitation City and State) is completed
- Replacement Form (if applicable)
- All signatures (both agent and client) are complete
- agent fully certified/appointed in state where the application(s) were written

Applicant:

Company:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

Life, Annuity & LTC Team-P: 215-876-6246 **Ext.** 3302 | **E:** lifesales@pfsinsurance.com

FOR PFS USE ONLY

REC. By PFS: _____

Missing: _____

Confidentiality Notice:

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