



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: _____

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? 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: _____

Purpose of this 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): No Yes

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

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? 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