

# 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:

## Premium Information

Distributions from a qualified plan or individual retirement account (IRA) cannot be used as premium for this policy. I, \_\_\_\_\_, certify that funds from a qualified plan or IRA, other than required minimum distributions (RMDs), will NOT be used to pay all or a portion of the premiums for this policy.

I certify under penalty of perjury that the foregoing is true and correct.

Agent's Signature:

Date:

Applicant's Resident State:

Solicitation State:

| Transaction Type   | Check here <input type="checkbox"/> if eApp | (Please Circle One)<br>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                            | <b>If Universal Life Please Complete Below:</b><br>What is the target Premium?<br>_____ |                 |
| B. Balance of Mode | L. Loan Repayment                           | Access First Year Premium Over Target:<br>_____   |                 |
| 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 #<br>_____     | Writing Agent Last Name (First 4 digits)<br>_____ |              | Commission Percentage<br>_____ % |                            |
| Split Agent #<br>_____       | Split Agent Last Name (First 4 digits)<br>_____   |              | Commission Percentage<br>_____ % |                            |

If Annuity: Qualified Non Qualified