

New Business Transmittal Form



Submission Date:	Branch Location:	
Lead Source:	Medicals Ordered?	NOTES:
Client Referral	Para Med	APS
Existing Client	Blood	EKG
Turning 65	Urine	
Natural Market		
Client Name:	Client Age:	
Carrier:	Agent # w/ Carrier:	
Application's Resident State:	Solicitation State:	

Transaction Type:	Check here if eApp	Type of Product:
N. New business	U. Upgrade	Annuity Medicare Supp Life
E. Exchange	D. Dump In	DI LTC
R. Reinstatement	O. OFS/COD Money	Name of Product:
B. Balance of Mode	L. Loan Repayment	If Universal Life , please complete below:
P. Premium Payment	A. Additional Money on Pended App	What is the target Premium?
		Excess First Year Premium Over Target:

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 forgoing is true and correct.

Agent's Signature:

Date:

Annual Premium	Did you collect a check?	Mode	1035 or TRANSFER	Estimated Total Commission
Writing Agent #	Writing Agent Last Name			Commission Percentage
Split Agent #	Split Agent Last Name			Commission Percentage

If Annuity: Qualified Non qualified
Please have your application completed before submitting