

Life Investors Ultima Products Application Cover Sheet

Attention: New Business

Fax # 319-298-4997

We request that you send an application cover sheet with each application.

Date: _____

Number of pages: _____
(Including cover sheet)

Agent Name: _____

Agent Number: 97 _____

Agent Phone #: _____ Agent Fax #: _____

Proposed Insured's Name: _____

Other comments/special instructions:

APPLICATION COMPLETION TIPS

- **Submit a complete and accurate application with necessary supplemental forms.**
- Please **retain your original copy of this fax.** We reserve the right to request the original if we are unable to read the fax.
- Use permanent **black ink. LEGIBLY PRINT** in English.
- **NO** white out. Any changes to written answers must be initialed by applicant/proposed insured.
- **MEDICAL INFORMATION** – Full details must be provided. If additional space is required, please provide on a separate piece of paper signed by Insured/Owner.
- Submit a **copy of check** with application. However, we will require the **original cash or check** in order to place a case and pay commissions.
- Mail **original 1035 form** (if applicable) within **5 working days** of the fax.
- Arrange for necessary **MEDICAL REQUIREMENTS.** Indicate on Agent's report **all requirements ordered.**
- Illustration or Illustration Certification required in **NAIC States** for Universal Life.
- If you wish to mail the **original application**, please indicate that you have previously faxed the application.