

Life Investors Ultima Products Check / Document Routing Instructions

Attention: Individual New Business Dept. Mail Drop 1220

Date: _____

Agent Name: _____

Agent Number: 97_____

Please provide the insured's name and policy number(s), if available. Indicate in the appropriate column, with a check mark, the type of information being submitted. If attaching a check or money order that applies to more than 1 policy, please indicate as such on the check or money order. Do not send original copy of faxed app unless requested.

<u>Insured's Name</u>	<u>Policy Number (if available)</u>	<u>Premium Check</u>	<u>1035 Exchange Papers</u>	<u>Original of faxed App</u>	<u>Other</u>
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