

## IGO CHECKLIST

\*\*PLEASE NOTE: THIS IS DESIGNED TO CREATE THE APPLICATION. THIS IS NOT USED FOR FORMAL SUBMISSION. ALL SECTIONS MUST BE COMPLETED

## PRODUCER INFORMATION:

NAME: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male Female Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth State / Country: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

Best time to call: \_\_\_\_\_ City/State where Application being Signed: \_\_\_\_\_

### Employer information

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Income \_\_\_\_\_ Household Net Worth \_\_\_\_\_

Valid Email Address (REQUIRED): \_\_\_\_\_

Visa Type: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Primary Language: \_\_\_\_\_ (check which apply) Nexis Property or Business

### Product Information:

Product: \_\_\_\_\_ Face Amount: \_\_\_\_\_

**(Please include the illustration)**

**Purpose of Insurance** (check all that apply):

Income for dependents Estate taxes Mortgage Future insurability Other: \_\_\_\_\_

**Riders** (check all that apply) WP ALIR LISR LTRC RTR

### Owner/Beneficiary information

Owner (if other than insured): \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_\_\_

Name of Owner if Entity: \_\_\_\_\_ Name of Beneficiary if Entity: \_\_\_\_\_

**Primary** Beneficiary Name: \_\_\_\_\_

Beneficiary Relationship: \_\_\_\_\_ Beneficiary DOB: \_\_\_\_\_ Beneficiary % \_\_\_\_\_

**Contingent** Beneficiary Name: \_\_\_\_\_

Beneficiary Relationship: \_\_\_\_\_ Beneficiary DOB: \_\_\_\_\_ Beneficiary % \_\_\_\_\_

**Replacement Info:** \_\_\_\_\_

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NAME: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Total amount of Life ins. applied with for all companies...\$ \_\_\_\_\_ Total Life ins. to be placed \$ \_\_\_\_\_

Company/Policy# \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_ Issue Year \_\_\_\_\_

Personal or Business: \_\_\_\_\_ 1035: Yes No

Do you plan to travel in within the next 2 years? \_\_\_\_\_

### Medical Information:

Did you order a medical exam for your client? Yes No

If yes, please provide the vendor name and phone number: \_\_\_\_\_

If no, please complete the information below:

Will the client be seen at their home or another location? \_\_\_\_\_

If another location, please provide the address: Street, City, State, Zip code

\_\_\_\_\_

What is the best time to schedule an appointment? \_\_\_\_\_

Is there a specific date that the client would like to schedule an appointment (pick three dates and times)?

\_\_\_\_\_

Specific Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: If a NY case, the life suitability form (FR2282-LI) and signed illustration MUST be included with the application.**

**\*PLEASE PROVIDE COPY OF ILLUSTRATION\***