

Client appointment form

Be prepared! Use this form to ensure you have all the information you need for a smooth life insurance application process.

Proposed Insured

Legal name: _____

Ever used a different name? Y **or** N If Yes, what name(s)? _____

Date of birth: _____ Age last: _____ Backdate to save age? Y **or** N Gender: Male **or** Female

Marital status: _____ SSN: _____ State and country of birth: _____

Employer: _____ Occupation: _____

Annual income: _____ Net worth: _____

Does the proposed insured have a valid driver's license or ID? Y **or** N

Driver's license number: _____ Issue state: _____

If no driver's license, other valid form of identification: _____ Issue state or country: _____

Residential address: _____

Residence change in the last 3 months? Y **or** N

If yes, list previous address: _____

Mailing address (if different than above): _____

Best phone number to contact: _____ Best time to contact: _____

Other phone number: _____ Email: _____

Owner

Maximum of 2 owners with SimpleSubmit®

Will the proposed insured be the owner? Y **or** N

Will the policy be delivered electronically? Y **or** N

Is the owner of this policy an Active Duty Service Member of the United States Armed Forces? Y **or** N

Is the owner of this policy subject to IRS withholding? Y **or** N

Is there a joint or contingent owner? Y **or** N *List joint or contingent owner information on a separate page.*

Owner legal name: _____

Date of birth: _____ SSN: _____

Address: _____

Beneficiaries

Maximum of 5 with SimpleSubmit - Percentage split must be 100%. List additional beneficiaries on a separate page.

Primary beneficiary legal name: _____ % split: _____

Date of birth: _____ SSN: _____ Relationship: _____

Address: _____

Phone number: _____ Email: _____

Contingent beneficiary legal name: _____ % split: _____

Date of birth: _____ SSN: _____ Relationship: _____

Address: _____

Phone number: _____ Email: _____

Plan information:

Product type: Term UL IUL Product: _____

Rate class: Tobacco **or** Non-tobacco

Has the insured used cigars in the past 12 months? None Up to 1 per month Up to 2 per month 2+ per month

Has the insured used nicotine in the past 12 months? Y **or** N

Death benefit amount: _____ Death benefit option: level increasing ROP

Life insurance test: GPT **or** CVAT

Riders: _____

Existing insurance / Replacement information:

- Does the proposed insured have any life insurance or annuities currently in force or pending? Y **or** N
- Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Y **or** N
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy? Y **or** N

Company name	Coverage amount	Policy number	Year issued	Replacing?
_____				<input type="checkbox"/> Y or <input type="checkbox"/> N
_____				<input type="checkbox"/> Y or <input type="checkbox"/> N
_____				<input type="checkbox"/> Y or <input type="checkbox"/> N

Temporary Insurance Agreement (TIA)

Would the proposed insured like a Temporary Insurance Agreement (TIA)? Y **or** N

If yes, please answer the following:

- Any major medical conditions in the past 5 years? Y **or** N
- In the past 12 months, unintentionally lost more than 10 pounds? Y **or** N
- In the past 90 days, been admitted or advised by a medical professional to be admitted to a hospital or other licensed health care facility (other than a normal childbirth), or been advised by a medical professional to have a surgery or diagnostic test or procedure (other than a test related to the HIV virus) which has not been completed or results are unknown? Y **or** N
- Life insurance that was declined, postponed, or charged an additional premium in the past five years? Y **or** N
- Is the proposed insured under 15 days of age or over 70 years of age? Y **or** N

Payor

Policy payor name: _____ Phone: _____

Mode of payment: Check **or** EFT **or** Other: _____

If setting up EFT answer the following:

EFT frequency: Monthly Quarterly Semi-annually Annually

Bank name: _____ Bank account type: Checking **or** Savings

Bank routing number: _____ Bank account number: _____

Personal history

- Is the proposed insured fluent in English? Y **or** N
- Is there any other reason, such as visual impairment or technical limitation, that would prevent the proposed insured from completing the part 2 application online? Y **or** N

Documents containing customers' personal information should be maintained securely in a manner consistent with the Compliance Manual as well as applicable state and federal privacy requirements. Sammons FinancialSM is the marketing name for Sammons[®] Financial Group, Inc.'s member companies, including North American Company for Life and Health Insurance[®]. Annuities and life insurance are issued by, and product guarantees are solely the responsibility of, North American Company for Life and Health Insurance.