

Premium Finance Request for Proposal

Financial Professional section:

Requesters name: _____ Client appointment date/time: _____

Phone: _____ Email: _____

Financial Professional's name (and designation) for illustration: _____

Financial Professional's Phone: _____ Email: _____

Financial Professional's License Number (if California, Arkansas, or Texas): _____

Agent code: _____

Facilitator's name (and designation) for illustration: _____

Facilitator's Phone: _____ Email: _____

Facilitator's License Number (if California, Arkansas, or Texas): _____

Agent code: _____

MGA: _____

Case Details

Client Name: _____ Client Date of Birth: _____

 Client Rate Class Assumption: Preferred Plus Non Tobacco Preferred Non Tobacco Standard Non Tobacco
 Preferred Tobacco Standard Tobacco Table Rating _____
State of issue: _____ Gender: Male Female

Client Tax Bracket: _____

Policy Owned by: Trust Business Individual Owner's name: _____

Death Benefit: _____ Premium/loan amount: _____ Years to pay: _____

Premium paid by: Loan from Lender 1035 Exchange (External) 1035 Exchange (Internal) *Select all that apply.*

If 1035 Exchange: Cash Value: _____ Carrier: _____ Policy Number: _____

*If multiple 1035 Exchanges will be used, please attach details.*Loan repayment year: _____ Via: Policy Cash Value Out of Pocket Loan interest rate from lender: _____**Note: Per our Premium Finance Guidelines, loan interest is paid out of pocket annually, not via a loan on the policy.*Post loan repayment: Maintain/grow death benefit Illustrate retirement income

If retirement income, retirement age: _____ Illustrate retirement income from year: _____ to year _____

Special instructions: _____

**Please include Carrier Illustration if in competition with another Financial Professional/Carrier.*