

Plan Design:** DollarFlex () DuoFlex () FlexKey () ExecBonus ()

Group Information:

Producer/Advisor: _____

Employer Name: _____

State: _____ ER Tax Bracket: _____

Proposal Information:

Insured's Name: _____ Date of Birth: _____

Sex: Male () Female () U/W Class: _____ Tax Bracket: _____ Rating: _____

2nd Insured's Name (if applicable): _____ Date of Birth: _____

Sex: Male () Female () U/W Class: _____ Rating: _____

Product (UL, IUL or VUL): _____ Interest Rate Assumption : _____

Death Benefit: _____ Death Benefit Option: Level () Increasing ()

Premium Options: Solve for Premium _____ or Specify Premium _____

Prem Mode (check one): Annual () Semi-Annual () Quarterly () Monthly () Pay Premium to _____ age / year

End Arrangement: _____ age / year

Cash Flow From Policy via withdrawals / loans): Maximum Income () OR Specified Amount ():
Beginning at _____ age for _____ years

Transactions (if any):

1035 Exchange \$ _____ Add'l Payment: \$ _____ Beginning Year/Age: _____ Year/Age: _____

Owned by: Employer () Employee ()

**Depending upon the design chosen, additional information may be needed to illustrate correctly. Please use the comment section below to provide any additional facts that may be necessary. Certain assumptions may have to be made to accommodate your request.

COMMENTS/ADDITIONAL INFORMATION
