

# Life Investors Ultima Products Application Cover Sheet

**Attention: New Business**

**Fax # 800-535-1325**

***Please send an application cover sheet with each application.***

*(Applications can be scanned and e-mailed to us by using the e-mail documents link on agentnetinfo.com.)*

Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_  
(Including cover sheet)

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Agent Phone #: \_\_\_\_\_ Agent Fax #: \_\_\_\_\_

## Proposed Insured Information:

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ (Only complete if you wish to be contacted at work.)

Best time of day / evening to call: \_\_\_\_\_

Are there any special language needs? \_\_\_\_\_

**Other comments/special instructions:**

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## APPLICATION COMPLETION TIPS

- **Submit a complete and accurate application with necessary supplemental forms.**
- Please **retain your original copy of this fax.** We reserve the right to request the original if we are unable to read the fax.
- Use permanent **black ink. LEGIBLY PRINT** in English.
- **NO** white out. Any changes to written answers must be initialed by applicant/proposed insured.
- **MEDICAL INFORMATION** – Full details must be provided. If additional space is required, please provide on a separate piece of paper signed by Insured/Owner.
- Submit a **copy of check** with application. However, we will require the **original cash or check** in order to place a case and pay commissions.
- Mail **original 1035 form** (if applicable) within **5 working days** of the fax.
- Arrange for necessary **MEDICAL REQUIREMENTS.** Indicate on Agent's report **all requirements ordered.**
- Illustration or Illustration Certification required in **NAIC States** for Universal Life.
- If you wish to mail the **original application**, please indicate that you have previously faxed the application.