



NEW BUSINESS APPLICATION COVER SHEET

Freedom Equity Group

237 Town Center West, Box,#274 Santa Maria, Ca 93458 Attention: Application Processing Fax-1877-876-2677 Email-newbusiness@fegcorp.com

For Processing Use Only:

Date
Base Number:
Alt/Additional Numbers:
Companion Number:

INSTRUCTIONS: ONE APPLICATION PER TRANSMITTAL (EXCEPT COMPANION APPLICATIONS)

All information pertaining to a specific client should be pre-sorted within this fax transmission. After faxing the application, please mail any original correspondence (PAYMENTS, 1035 EXCHANGE FORMS & ASSIGNMENT FORMS) with a copy of this transmittal attached to the corresponding address as noted above.

PLEASE PRINT LEGIBLY

Agent Number:		Agent Name:	
Agent Phone:	Agent Fax:	Agent Email:	
Secondary Writting agent: Split%		Product Type: <input type="checkbox"/> EIUL <input type="checkbox"/> TERM <input type="checkbox"/> ANNUITY	
Insured Name:		Product Name:	
Insured Birth Location:		Companion Name:	
Insured DOB:	Insured SSN:	Death Benefit: Premium Amount \$ YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other Insured:		Premium Mode: <input type="checkbox"/> PAC <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	

FOR USE WITH ALL LIFE APPLICATIONS: (Check appropriate box to indicate forms accompanying the application)

NEW BUSINESS REQUIREMENTS

- | | |
|--|---|
| <input type="checkbox"/> HIV Consent Form | <input type="checkbox"/> Void Check |
| <input type="checkbox"/> HIPPA Compaiant Auth. | <input type="checkbox"/> PAC form |
| <input type="checkbox"/> Illustration | <input type="checkbox"/> Policy Pages* |
| <input type="checkbox"/> Statement In Lieu of illustration | <input type="checkbox"/> Transfer or 1035 Exchange Forms* |
| <input type="checkbox"/> Oral Fluids Taken | <input type="checkbox"/> Replacment Form* |
| <input type="checkbox"/> Blood & HOS | <input type="checkbox"/> Tax Payer ID certification |
| <input type="checkbox"/> Para Med Exams Vendor: _____ | <input type="checkbox"/> Strategy Allocations |

PROCESSING CENTER ONLY:

APS Ordered

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Insured:
Insured:

Doctor:
Doctor:

Date:
Date:

Comments:



New Business Applications Instructions:

- **Please send all applications with the FEG new Business transmittal sheet and Life insurance Disclosure Form.**
 - Your application must be legible and have all necessary documentation included.
- Applications may be submitted :
 - Via email to newbusiness@fegcorp.com
 - Via Fax to 1-877-876-2677
 - Or mail to the FEG application Processing Center:

Physical Mailing address is:

Freedom Equity Group
Attn: Application Processing
237 Town Center West
Box# 274
Santa Maria, Ca 93458

- Once your policy has been received it will be reviewed. You will be notified of any missing or pending requirements.
- Once your application is approved it will be sent to the carrier to underwriting.
- Currently application submission is available only for Fidelity and Guaranty applications.
- All Fidelity and Guaranty applications MUST be submitted to FEG processing center

Paramed exams must be scheduled by agent prior to submission.

Exam One: <http://www.examone.com> (877) 933-9261

APPS Para Medical Services: <https://appslive.com>(800) 247-0935

EMSI (Examination Management Services Inc.) <https://eol5.emsinet.com> 1-800-872-EMSI

PortaMedic <http://www.portamedic.com> 1-866-335-5575

Superior Mobile Medics <http://www.superiormobilemedics.com> 1-800-898-3926

Any questions should be directed to Agent Support and New Business 1-877-329-6608 X 2.



I understand that the product I am applying for is a Life Insurance contract through an independent insurance agent from Freedom Equity Group LLC I will read all sales materials and disclosures presented to me so that I can understand the conditions and limitations of the life insurance contract I am purchasing.

Applicant's
Initials

My agent has reviewed each of these very important items with me and I acknowledge:

1. I understand that I am purchasing a Life Insurance contract. The payments I make are premiums for an insurance policy. I am not investing directly into the stock market or purchasing securities. I am not purchasing a Certificate of Deposit ("CD"), creating a "savings plan", or creating any other type of bank obligation.
2. I understand that there is a "free look period": After I receive my contract, there is a period of time between 10 to 60 days (depending on the state) during which I may cancel my policy for a refund of any premiums I have paid. Any cancellation after the free look period is considered full surrender and will be subject to any applicable fees or charges described in the insurance contract.
3. I understand there are Surrender Penalties, Withdrawal Limits, and other conditions attached to the Life Insurance Contract that I am buying: Each insurance contract will have what are known as "Surrender Penalties" if monies are taken out during the surrender period specified in the insurance contract. There may also be limits on the amounts I can withdraw without penalties. Loans and partial withdrawals have other limits, conditions and/or charges, and they will reduce the death benefit payable and the cash value available to cover the monthly policy deductions. Other limits, conditions, effects and charges may vary by product and Insurance Company.
4. I understand that there are Monthly Deductions for the cost of insurance, administrative fees, and any optional riders I have purchased. Each month, the Insurance Company will deduct any applicable charges and expenses from my premiums before any net premiums are applied to the Fixed Account (if applicable), and/or the index crediting accounts I select.
5. I understand that the cash value of my policy (if applicable) will fluctuate. The future cash value of my policy will depend on many factors, such as:
 - the changes in the value of the index chosen after accounting for applicable cap and participation rates;
 - the cost of insurance and other regular monthly deductions;
 - the amount and timing of my premium payments and of any cash withdrawals or loans I take;
 - any changes I make to the policy.
6. I understand the policy illustrations are only hypothetical examples. Actual crediting rates will vary. Illustrations only show how different crediting rates and other assumptions could affect a policy's values and benefits over time. No specific crediting rate is guaranteed unless indicated on my policy documents.
7. I understand that neither Freedom Equity Group, LLC nor its affiliate companies authorize their independent agents, employees, or any other representatives to give legal, tax, accounting, or securities advice. I have been advised to consult with my own legal or tax professionals to determine the tax or legal consequences of my specific situation.
8. I understand what it means to replace another policy: In completing my application, I was asked if I intend to replace an existing policy or contract to purchase this insurance policy. A "replacement" occurs when I am going to surrender, end, cancel, change, reissue, reduce, withdraw from, or borrow against an existing insurance or annuity contract.
 - If this is a replacement, I have considered:
 - a) incontestability and suicide provisions;
 - b) evidence of insurability;
 - c) surrender charges and surrender period;
 - d) premium payments and insurance rates;
 - e) cash values;
 - f) other fees, charges, and features; and
 - g) any tax consequences arising from this transaction.
 - If applicable, I have also reviewed my existing policy and determined that a replacement is appropriate to my needs and objectives.
9. The insurance product I am purchasing meets my needs and objectives: I fully understand that Life Insurance policies are designed for individuals with LONG-TERM financial goals who seek death benefits along a choice of options for cash value. I have reviewed my insurable needs and financial objectives and I have determined that my payments are affordable and the contract is appropriate for my needs.
10. I understand that the Life insurance contract must remain in force at all times or the death benefit will not be valid and all outstanding loans may become immediately taxable and/or subject to immediate repayment.

Signature of Proposed Insured (or Guardian)

_____/_____/_____
Date

Print Name of Person Signing Above

Print Name of Proposed Insured (if different from signer)

I have reviewed each of these items with the applicant:	
_____ Agent Signature	_____ Code Number



Important Information on Making Sure Life Applications Are Filled Out Properly

Do you want your business processed faster? Do you want your commissions paid quicker? Of course you do! And you can help make that happen! How? By taking time to carefully review your Life applications before submission to make sure they contain all the data needed for timely processing.

We often find that the following data is missing on applications that are delayed in processing:

- 1. Immigration status, including possession of a green card or Visa
- 2. Occupation, including duties, salary, employer
- 3. Medical history, including physical ailments, surgery, recent doctor's visits
- 4. Medication information, including dosages and reason for need
- 5. Smoker or non-smoker, and what type of tobacco used if a smoker
- 6. Answers to specific question #'s
- 7. Vehicle driven and how far
- 8. Height/Weight
- 9. Disability income amount
- 10. Social Security number and date of birth
- 11. Disability/Unemployment information
- 12. Relationship of beneficiary
- 13. Avocation form
- 14. City, State and Sign Date
- 15. Foreign travel? where, how long, how often
- 16. Plan Term Chosen

Please review this list carefully each time you get ready to submit a Life application.

Don't forget, a complete application means better business and quicker commissions for you! If you have any questions, please contact Freedom Equity Group! 877-329-6608 X2

Fax New Business 1-877-876-2677 Newbusiness@fegcorp.com