

New Business Transmittal / Fax Cover Sheet • Life Insurance Application

Client Information	
Name _____	Number of pages being faxed _____
Date of Birth _____	Date _____
Social Security Number _____	

Product(s) being applied for:

VUL Term UL

ENCLOSURES: (Check all items to be faxed or to follow)

Attached	To Follow		Attached	To Follow	
<input type="checkbox"/>	<input type="checkbox"/>	Application	<input type="checkbox"/>	<input type="checkbox"/>	Trust Document
<input type="checkbox"/>	<input type="checkbox"/>	Check (Amount of check \$ _____)	<input type="checkbox"/>	<input type="checkbox"/>	EFT Form with voided check
<input type="checkbox"/>	<input type="checkbox"/>	Owner ID (driver's license, passport)	<input type="checkbox"/>	<input type="checkbox"/>	1035 Exchange (mail original)
<input type="checkbox"/>	<input type="checkbox"/>	State Required Disclosure Form(s)	<input type="checkbox"/>	<input type="checkbox"/>	Illustration
<input type="checkbox"/>	<input type="checkbox"/>	Replacement Form(s)	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>

DO NOT MAIL ORIGINAL APPLICATION

PLEASE NOTE:

- One application per fax transmission. **Fax to 513-595-2352.**
- Before faxing a copy of the check, write the insured's SSN & full name in the memo portion of the initial premium check.
- Include a copy of this form when mailing the original check and replacement/transfer paperwork.
- Mail via U.S. Mail to Client Service Office, P.O. Box 40888, Cincinnati, Ohio 45240.
- Mail via Express Mail to Client Service Office, 1876 Waycross Rd., Cincinnati, Ohio 45240.

ATTACH CHECK HERE

Original check must be received in 10 days.