

New Business Transmittal / Fax Cover Sheet

1068

Variable Life Insurance

Ameritas Life Insurance Corp. AIC Supervision: P.O. Box 5507, Lincoln, NE 68505 / Fax 877-721-2226

Agent/Representative Information

Client Information

Name			Name	
Agency #	Agent #	State	Date of Birth	
Telephone Number	Fax Number		Social Security Number	
Agent E-mail			Date	Number of pages being faxed

Is this a Combo Life & DI Application? Yes No

Is there another Ameritas Life Insurance product being applied for? Yes No

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

To		To		
Attached	Follow	Attached	Follow	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check (Amount of check \$ _____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teleunderwriting/EZ App Order # _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LabSlip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part II Med or Paramed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IR / PHI Order# _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APS – Doctor/Facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EFT Form with voided check
		<input type="checkbox"/>	<input type="checkbox"/>	Income Documentation
		<input type="checkbox"/>	<input type="checkbox"/>	*Replacement / 1035 Exchange (<i>mail original</i>) – see address below
		<input type="checkbox"/>	<input type="checkbox"/>	Illustration / UN 0008
		<input type="checkbox"/>	<input type="checkbox"/>	Licensing Paperwork
		<input type="checkbox"/>	<input type="checkbox"/>	AIC Forms for Suitability

Comments: _____

DO NOT MAIL ORIGINAL APPLICATION

Please Note:

- One application per fax transmission. **Fax to 877-721-2226.**
- 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.
- New Business/Underwriting requirements submitted after suitability completed: **Fax to 402-467-7335.**

* **U.S. Mail to** Client Service Office, P.O. Box 81889, Lincoln, NE 68501.

* **Express Mail to** Client Service Office, 5900 O Street, Lincoln, NE 68510.

ATTACH CHECK HERE

Original check must be received in 10 days.