

Acacia Life Insurance Company     Ameritas Life Insurance Corp.

**Client Service Office:** P.O. Box 40888, Cincinnati, OH 45240 / 800-255-9678 / Fax 513-595-2352

**New Business Transmittal / Fax Cover Sheet • Life Insurance Application**

<b>Applicant Information</b>	<b>Faxed By</b>
Name _____	Name _____
Date of Birth _____	Phone Number _____
Social Security Number _____	Email _____
	Date _____ Number of pages being faxed _____

**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 ( <b>mail original</b> )
<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 _____

**Comments:** \_\_\_\_\_

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**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.