


Agent: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____	 CHAMPION AGENCY, INC. <i>Innovative services for insurance brokers</i> Please Fax Your Request To: (505) 265-8513
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Life Insurance Proposal Request Form

Client Information

Name: _____ DOB: _____ State: _____ Height: _____ Weight: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Nicotine Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and quantity: _____ Underwriting Class: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Plus <input type="checkbox"/> Standard Medication: _____ Health Issues & Control: _____ _____ Family History: <input type="checkbox"/> Parents Still Alive <input type="checkbox"/> Parent Deceased: Age _____ Cause _____ Cancer/Heart Disease in Parents/Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, age of onset and type _____ Client Contact Info: _____
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Spouse Information


Name: _____ DOB: _____ State: _____ Height: _____ Weight: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Nicotine Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and quantity: _____ Underwriting Class: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Plus <input type="checkbox"/> Standard Medication: _____ Health Issues & Control: _____ _____ Family History: <input type="checkbox"/> Parents Still Alive <input type="checkbox"/> Parent Deceased: Age _____ Cause _____ Cancer/Heart Disease in Parents/Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, age of onset and type _____
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Client

Spouse

<p>Term Benefit Information</p> Face Amount: _____ Length: <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30	<p>Term Benefit Information</p> Face Amount: _____ Length: <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30
<p>Universal Life Benefit Information</p> Face Amount: _____ <input type="checkbox"/> Endow <u>OR</u> <input type="checkbox"/> \$1 Cash Value at Age _____ Premium Options: <input type="checkbox"/> Solve for Premium To age: _____ <input type="checkbox"/> Specify Premium: \$ _____ To age: _____ 1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No Amt: _____ Disbursements: <input type="checkbox"/> Yes <input type="checkbox"/> No To Age: _____ Premium Mode: <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> Q <input type="checkbox"/> M	<p>Universal Life Benefit Information</p> Face Amount: _____ <input type="checkbox"/> Endow <u>OR</u> <input type="checkbox"/> \$1 Cash Value at Age _____ Premium Options: <input type="checkbox"/> Solve for Premium To age: _____ <input type="checkbox"/> Specify Premium: \$ _____ To age: _____ 1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No Amt: _____ Disbursements: <input type="checkbox"/> Yes <input type="checkbox"/> No To Age: _____ Premium Mode: <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> Q <input type="checkbox"/> M

How would you like to receive your proposal? Fax Email Mail

Agent: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____	 CHAMPION AGENCY, INC. <i>Innovative services for insurance brokers</i> Please Fax Your Request To: (505) 265-8513
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DI/BOE Proposal Request Form

<i>Client Information</i> Name: _____ DOB: _____ Home State: _____ Tobacco Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and quantity: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Preferred Class: <input type="checkbox"/> Yes <input type="checkbox"/> No Height: _____ Weight: _____ Medications: _____ Health Issues to Include Mental, Muscular, Skeletal Conditions: _____ _____
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<i>Occupation and Duties/Employment Status</i> Occupation: _____ # of Yrs: _____ Exact Duties: _____ Annual Earnings w/Bonus: _____ Retirement Plan Deposits: _____ % Administration: _____, % Travel: _____, % Sales: _____, % Manual Labor: _____ % Managerial: _____, Number of Employees Supervised: _____, % Other: _____ Business Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of years: _____ Type of Entity: <input type="checkbox"/> Sole Prop/Partnership/LLC/LLP/S-Corp <input type="checkbox"/> C-Corp Number of Employees: <input type="checkbox"/> Full time _____ <input type="checkbox"/> Part-time _____ Office in Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, % of time away from residence/wk: _____ Government Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other

<i>Benefit Options</i> Monthly Benefit: _____ Benefit Period: <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 10* <input type="checkbox"/> to age 65* <input type="checkbox"/> lifetime* Waiting/Elimination Period: _____ Employer Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Optional Riders: <input type="checkbox"/> COLA <input type="checkbox"/> Residual* <input type="checkbox"/> Non-Can* <input type="checkbox"/> Own-Occ* <input type="checkbox"/> Partial* <input type="checkbox"/> Automatic Increase* <input type="checkbox"/> SSI Amt: _____ <input type="checkbox"/> Future Purchase Option Amt: _____ <i>Alternate Proposal</i> Monthly Benefit: _____ Benefit Period: <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 10* <input type="checkbox"/> to age 65* <input type="checkbox"/> lifetime* Waiting/Elimination Period: _____ Employer Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Optional Riders: <input type="checkbox"/> COLA <input type="checkbox"/> Residual* <input type="checkbox"/> Non-Can* <input type="checkbox"/> Own-Occ* <input type="checkbox"/> Partial* <input type="checkbox"/> Automatic Increase* <input type="checkbox"/> SSI Amt: _____ <input type="checkbox"/> Future Purchase Option Amt: _____ DI In Force: <input type="checkbox"/> Indiv:\$ _____ <input type="checkbox"/> Group:\$ _____ Premiums paid by: _____ Cap: _____ * Options may not be available with all companies or to all occupations

How would you like to receive your proposal? Fax Email Mail

Inforce Policy Review

Date: _____

To: _____

From: _____

Subject: _____

Policy #: _____

Owners SS #: _____

- **We request the following Inforce illustrations with the following parameters:**

[] If policy is a General Account Product then:

1. At current premium and current interest rates.
2. At current premium and at 100 basis points below current interest rates.
3. Please solve for premium to endow the policy at full-face amount at current interest rates.
4. Please solve for premium to endow the policy at full-face amount at 100 basis points below current interest rates.

Questions:

1. What is the present rate of interest credited to this policy?
2. For how long will that rate be guaranteed?

[] If policy is a Variable life Product then:

- a) At current premium, with current charges, and at Gross Rates of 6%, 8%, and 10% respectively (3 separate illustrations).
- b) If policy does not endow at maturity, please run illustrations solving for premiums needed at Gross Rates of 6%, 8%, and 10% (3 separate illustrations).

What is the present cash value/cost basis? \$ _____ / \$ _____

What is the current surrender value? \$ _____

Please provide a copy of the wording in the policy that address's the eventuality of the policy maturing, in respect to the following:


1. What will occur with regard to the policy proceeds?
2. What will any attendant tax consequences be?

Please send a duplicate copy to my financial advisor/insurance agent:

Thank you for your prompt attention to this matter.

Policy Owner

Date

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Inforce Policy Review (Placed with Champion)

Current Client Information

Name: _____	DOB: _____	State: _____
Height: _____	Weight: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex
Nicotine Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type and quantity: _____		
Underwriting Class: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Standard Plus <input type="checkbox"/> Standard		
Medication: _____		
Health Issues & Control: _____		
Family History:		
<input type="checkbox"/> Parents Still Alive <input type="checkbox"/> Parent Deceased: Age _____ Cause _____		
Cancer/Heart Disease in Parents/Siblings: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, age of onset and type _____		

Inforce Policy Information

Insurance Company: _____	Policy Number: _____
Policy Date: ____/____/____	Owner: _____
Face Amount: _____	Policy is: <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable
Modal Premium: _____ / _____	<input type="checkbox"/> Annually <input type="checkbox"/> SemiAnnually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Smoker Rates: <input type="checkbox"/> Yes <input type="checkbox"/> No Class: <input type="checkbox"/> Preferred+ <input type="checkbox"/> Preferred <input type="checkbox"/> Standard+ <input type="checkbox"/> Standard <input type="checkbox"/> Rated	

Traditional or General Account Products

Type of policy, maturity period: _____	
Current Accumulation Value: _____	Current Surrender Value: _____
Current Interest Rate: _____%	Guaranteed Interest Rate: _____%
If possible, obtain the cumulative cost basis to date: _____	
Current Policy Loan Details: _____	

Variable Life Product

Current Investment account allocation (provide most recent annual statement): _____	
Current Accumulation Value: _____	Current Surrender Value: _____
Current Interest Rate: _____%	
If possible, obtain the cumulative cost basis to date: _____	
Current Policy Loan Details: _____	

In Force Illustration Parameters

<input type="checkbox"/> Current (Present Conditions)	<input type="checkbox"/> No More Premiums
<input type="checkbox"/> Endow at: _____	<input type="checkbox"/> Vanish At End of Year: _____
<input type="checkbox"/> Zero Cash at: _____	<input type="checkbox"/> Single Premium for \$1 Cash at: _____
<input type="checkbox"/> Future planned withdrawals beginning at: _____	<input type="checkbox"/> Change Death Benefit Option to: _____
<input type="checkbox"/> Single Premium for Full Face to Endow at: _____	<input type="checkbox"/> Increase Face Amount to: _____
<input type="checkbox"/> Decrease Face to _____	Premium of: _____
Premium of: _____	<input type="checkbox"/> Increase Planned Periodic Premium to: _____
	<input type="checkbox"/> Other: _____

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