



Multi-Life Case Inquiry

REQUESTED UNDERWRITING

Guaranteed Issue Simplified Issue Guaranteed to Issue Full Underwriting Date Submitted

AGENT INFORMATION

Name Agency
Email Phone Number

BUSINESS OR GROUP INFORMATION

Business or Group Name\* Years in Business\*
Address
Other Locations
Type of Business C Corporation S Corporation LLC taxed as C Corporation Partnership Government Entity
Non Profit Other
Industry Type\*
Business Value Net Income (Profit) for the last 2 years

PLAN INFORMATION

Total number of Employees\* Total number of Employees to be covered by the Plan\* Age range\*
Job classification of covered Employees\*

Purpose of Insurance / Plan Type\* - Please provide copy of the business' formalized plan, if available.

Employee Owned\* 162 Bonus Loan Regime Split Dollar
Business Owned\* Deferred Compensation / Salary Continuation Economic Benefit Split Dollar
Key Person Other (Specify)
Qualified Plan\* Defined Benefit Defined Contribution
Personal Coverage

Plan Design\* - Please provide the formula for determining the death benefit or annual contribution amount:

Defined Contribution Set dollar amount (Specify)
% of compensation (Specify)
Other (Specify)
Defined Benefit Set dollar amount (Specify)
% of compensation (Specify)
Other (Specify)

Additional Plan Design Information

Agent Use Only - Not For Use With the Public

## LIFE INSURANCE INFORMATION

What product will be used? \_\_\_\_\_

Will early cash value riders be used?\*  Yes  No

Will Accelerated Benefit Riders be requested?\* (Subject to state availability.)  Yes  No

If Yes, specify \_\_\_\_\_

Will sex distinct or unisex products be required?\*  Yes  No

If Yes, specify  Sex Distinct  Unisex

Will this insurance be replacing any other insurance?  Yes  No

If Yes, provide additional information \_\_\_\_\_

Does the business have other life insurance in force on any of the participants?  Yes  No

If Yes, describe \_\_\_\_\_

Application Type  eApp  Paper  3rd Party Enrollment Platform (Please specify) \_\_\_\_\_

Issue Instructions  Hold for group  Issue individually as approved  Hold for date \_\_\_\_\_

Enrollment Period? \_\_\_\_\_

Third Party Administrator \_\_\_\_\_

## PAYMENT INFORMATION

Payment method  Wire  Check  EFT

Payment frequency  Annual  Semi Annual  Quarterly  Monthly (EFT)

Premium paying period  To retirement  Number of years \_\_\_\_\_

Premium to be paid by\*  Business  Employee  Financed  3rd Party Remitter  
 Combination (provide % split) \_\_\_\_\_

Will list bill be required?  Yes  No

Authorized contacts to act on behalf of payer \_\_\_\_\_

## FOR BUSINESS TO BUSINESS OPPORTUNITIES ONLY

Type of opportunity (CPA, P&C, etc.) \_\_\_\_\_

Describe the relationship between you and the business \_\_\_\_\_

Describe the relationship between the business and their clientele \_\_\_\_\_

Is the business willing to provide you leads or willing to actively engage with their clients?  Yes  No

## ADDITIONAL INFORMATION

Please attach a census that provides name, age, gender, tobacco/smoker status, annual salary, death benefit, premium on all the participants.

Send this inquiry and the census to: [AdvancedMarkets@Nationallife.com](mailto:AdvancedMarkets@Nationallife.com)

### \*Required information