



DATE

Primary Agent:	Email:
Case Manager:	Email:
Date Needed By:	
Preferred Carrier:	Preferred Product:

**INSURED HISTORY**

Insured 1:		
Gender:	DOB:	State of Residence:
Tentative Rating:		Smoking Status:
In force Coverage:		1035 Amount:
Insured 2:		
Gender:	DOB:	State of Residence:
Tentative Rating:		Smoking Status:
In force Coverage:		1035 Amount:

**INSURED FINANCIAL STATUS**

Insured 1:	
Net Worth:	Liquidity:
Past 2 years Income:	
Insured 2:	
Net Worth:	Liquidity:
Past 2 years Income:	

**SUPPLEMENTAL INCOME**

What will own the policy i.e. trust, individual, corporate:	
Amount Insured desires to pay:	For how long?
What year does the Insured desire income to begin?	
For how many years / to what age?	
Is the Insured willing to post collateral?	
Has a non-financed illustration been show? If yes, please submit with form.	



EQUITAS BROKERAGE GROUP  
EQUITAS ADVISORS LLC

*On Your Team, Not Your Payroll*

**ESTATE PLANNING**

What will own the policy i.e. trust, individual, corporate:

Amount Insured desires to pay:

For how long?

Amount of insurance desired net of loan:

Has a non-financed illustration been show? If yes, please submit with form.

**PREMIUM FINANCE COLLATERAL**

Collateral to be used i.e. cash surrender value, marketable securities cash, combination:

Acceptable collateral high point:

Is the Insured willing to move assets?

Does the client have a private banking relationship?

If yes, with who?