



PROPOSAL REQUEST LIFE INSURANCE

Date: _____ Client Meeting Date: _____

AGENT INFORMATION

Name: _____

Phone: _____ Fax: _____

Email: _____

INSURED INFORMATION

Name: _____

DOB: _____ Gender: _____ Tobacco User: Yes No

State: _____ Rate Class: _____

SECOND INSURED INFORMATION (if applicable)

Name: _____

DOB: _____ Gender: _____ Tobacco User: Yes No

State: _____ Rate Class: _____

ILLUSTRATION DETAILS

Face Amount: _____ Policy Type: _____

Premium: _____ Riders: _____

Carriers: _____

Mode: _____ Table Rating: _____ Flat Extras: _____

1035 Exchange: Yes No

Continued on the next page

PROPOSAL REQUEST LIFE INSURANCE continued

HEALTH INFORMATION

Return the completed form to wfphelp@wentworthfp.com

Call us with questions at (855) 757-5433