

Intake Form For CL

Writing Agent Name(s):

Split:

Beneficiary

For agent use only.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name</td> <td style="width: 25%;">Last</td> <td style="width: 25%;">First</td> <td style="width: 25%;">MI</td> <td style="width: 20%;"><input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td colspan="5">Street</td> </tr> <tr> <td colspan="5">Street Line 2</td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td colspan="2">Zip</td> </tr> <tr> <td>DOB</td> <td>Age</td> <td colspan="3">SSN</td> </tr> <tr> <td>Home Phone</td> <td>Cell Phone</td> <td colspan="3">Business Phone</td> </tr> <tr> <td colspan="5">Email:</td> </tr> <tr> <td colspan="5">Where do you wish to be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td> </tr> <tr> <td colspan="5">Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="5">Is the Primary Insured currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="5">Occupation:</td> </tr> <tr> <td colspan="5">Employer Name:</td> </tr> <tr> <td colspan="5">Will the insured be the Owner <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Name	Last	First	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female	Street					Street Line 2					City		State	Zip		DOB	Age	SSN			Home Phone	Cell Phone	Business Phone			Email:					Where do you wish to be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is the Primary Insured currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					Occupation:					Employer Name:					Will the insured be the Owner <input type="checkbox"/> Yes <input type="checkbox"/> No					<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Relationship to insured</td> </tr> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">DOB</td> </tr> <tr> <td>Face Amount:</td> <td>Term Duration:</td> </tr> <tr> <td>Risk Class:</td> <td>Exam Provider:</td> </tr> <tr> <td colspan="2"> Primary Insured Riders <input type="checkbox"/> Accidental Death <input type="checkbox"/> Children's Term Rider <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accelerated Benefit Rider </td> </tr> <tr> <td colspan="2"> Purpose of Insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Estate Conservation <input type="checkbox"/> Family Protection <input type="checkbox"/> Charitable <input type="checkbox"/> Business <input type="checkbox"/> Other </td> </tr> </table>	Relationship to insured		Name		DOB		Face Amount:	Term Duration:	Risk Class:	Exam Provider:	Primary Insured Riders <input type="checkbox"/> Accidental Death <input type="checkbox"/> Children's Term Rider <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accelerated Benefit Rider		Purpose of Insurance: <input type="checkbox"/> Personal <input type="checkbox"/> Estate Conservation <input type="checkbox"/> Family Protection <input type="checkbox"/> Charitable <input type="checkbox"/> Business <input type="checkbox"/> Other	
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Existing Insurance Information

Does the Proposed Insured have any life insurance policies or annuities in force with The Cincinnati Life Insurance Company or any other company? Yes No

List all the life insurance or annuities the Proposed Insured has in force with The Cincinnati Life Insurance Company or any other company, including any applications that are pending and indicate if any are to be replaced, changed or borrowed against as a result of this application

Company Name	Policy Number	Face Amount	To Be Replaced?

Do you intend to finance any of the premium required to pay for this policy? Yes No

Have you ever or are you considering selling this or any other life insurance contract to a Viatical or Life Settlement company or any other party? Yes No

Payment Information

Payment Mode:

Payment Method: Electronic Funds Transfer Direct Bill

Electronic Funds Transfer Information

Full Name of Bank:

Routing Number:

Account Number:

Account Type:

Permission to Obtain Additional Information for Carrier

Can we contact the client directly if more information is required by the carrier? Yes No

Producer Attestation

- I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.
- I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this application are true and correct.

Agent Signature: _____ I AGREE

The Cincinnati Life Insurance Company
Information for You

EASY STEPS TOWARD VALUABLE COVERAGE

Drop Ticket Application Process



Thank you for choosing Cincinnati Life

By providing minimal information to your life insurance agent, you are initiating a four-step process designed to serve your insurance needs in the simplest and most efficient manner. Here's how it works:

Step 1 - Phone Interview

Expect to receive a call from an interviewer within one to two business days. He or she will request more information about your health and medical history. If you cannot speak with the interviewer at that time, please call (insert phone number) at your earliest convenience.

To expedite the interview, please have available:

- Your driver's license
- The names, addresses and phone numbers for all physicians and medical facilities you have accessed during the last five years
- A complete list of your prescription and non-prescription medications, including the dosage and the condition for which you take the medication

You can expect the interview to take about 30-40 minutes, after which you will provide your electronic signature to complete the application. Based on your age and amount of coverage requested, the interviewer may order a medical exam. You pay nothing for the exam or lab results.

Step 2 - Medical Exam

If a medical exam is required, the examiner will contact you to schedule it at a time convenient for you. To prepare for your scheduled exam – and for the most accurate results – for the 12 hours prior to your appointment, please avoid strenuous exercise and eating or drinking anything except water and black coffee. Please take any medications as prescribed and provide the examiner with their names and dosages. One hour prior to the appointment, drink a full glass of water and avoid coffee and smoking.

Step 3 - Underwriting

We review medical results and consider all the information you have provided to make a decision about whether you qualify for life insurance.

Step 4 - Policy

Upon approval, we mail the policy to your agent for your final review and acceptance.

We appreciate the opportunity to help serve your insurance needs. Please contact your agent with any questions you have while your application is being processed.



Everything Insurance Should Be®

This is not a policy. For a complete statement of the coverages and exclusions, please see the policy contract. All applicants are subject to underwriting approval. Products available in most states.

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