

Intake Form For PLB

For agent use only.

<p>Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Street</p> <p>City State Zip</p> <p>Social Security Number Occupation</p> <p>Birthplace Birthdate Driver's License #</p> <p>Home Phone () Cell Phone () Business Phone ()</p> <p>Email:</p> <p>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.</p> <p>Annual Income Net Worth</p> <p>Initial Death Benefit \$</p> <p>Plan of Insurance:</p> <p>Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CTR <input type="checkbox"/> Other: _____ Indicate Amount for Riders: \$ _____</p> <p>Mode of Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> PAC Rate Class Quoted: _____ Premium Quoted: _____</p>	<p>Owner, if other than proposed insured Owner's Address</p> <p>Relationship to Proposed Insured Social Security or Tax ID #</p> <p>Primary Beneficiary (name, relationship and percentage)</p> <p>Contingent Beneficiary (name, relationship and percentage)</p> <p>Will this policy replace or change any existing life insurance or annuity in force? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the applicant have existing life insurance policies or annuity contracts other than group insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Company Names</th> <th style="text-align: left;">Face Amount</th> <th style="text-align: left;">Year Issued</th> <th style="text-align: left;">To Be Replaced?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <p>Do you have an application pending in another company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had any life or health insurance declined, postponed or offered other than as applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Company Names	Face Amount	Year Issued	To Be Replaced?	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No																		

Special Request: _____

Permission to Obtain Additional Information for Carrier

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

Agent Attestation

By clicking the "**I AGREE**" checkbox below, I state the following:

- I am a duly licensed and appointed (if appointment is required) life insurance agent in the state where the applicant was solicited and in the state where the policy (if one is issued) will be delivered.
If I am not currently appointed, I understand that I will need to be appointed by Protective Life Insurance Company, before any issued policy can be delivered.
- The product and amount of insurance identified are suitable in view of the proposed insured's insurance needs and financial objectives.
- The information provided is complete, accurate, and correctly recorded.
- All forms required to be delivered at time of solicitation have been delivered, and all other required forms (including privacy notices and/or sales materials, if necessary) have been or will be provided in a timely manner to the applicant.
- I have asked the applicant about any existing life insurance or annuities and certify that all replacement sales (if applicable) have been made in accordance with the Company's corporate policy.
- I authorize Protective Life Insurance Company to obtain such administrative information as may be necessary to complete any life insurance application resulting from this submission; provided however, that any item of information or question from the proposed policy owner or insured requiring the advice or assistance of a licensed life insurance agent will be referred to me for action before the application can be completed.
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I will not deliver the policy unless I have completed a review and I am satisfied that the application, policy, and all attached forms, if any, are complete and accurate.
- I acknowledge that clicking the "**I AGREE**" checkbox below constitutes my signature on the form, which has the same effect as if I personally signed the form.

In addition to the authorizations referenced in the preceding paragraphs, clicking the "**I AGREE**" checkbox below will constitute my legally binding signature on the completed application and on all other required forms.

I hereby agree to the provisions in this attestation and I authorize Protective Life Insurance Company to affix my signature to the application and all other required forms.

Agent Signature: _____ **I AGREE**

TeleLife®

Applicant's Checklist



Thank you for using TeleLife to apply for life insurance. A Protective Life representative will contact you soon to complete your application by phone.

During the phone interview, you will be asked some routine questions (name, address, employer, income, etc.) along with several questions about your medical history. To complete the phone interview as quickly as possible, please have the following information available:

Personal Information

- *Social Security and Driver's License numbers.*
- *Other existing or pending life insurance policies, including company names, coverage amounts, and policy numbers, if available.*
- *Type of visa, visa number, and expiration date, if you are NOT a U.S. citizen.*
- *Payment information for initial or recurring premium payment(s) (checking, savings, or credit card account information), if applicable.*

Medical Information

- *Name, address, and phone number of your doctor(s) and hospital(s).*
- *Current treatment you receive by any doctor or hospital; including your medications, dosages, and reasons.*
- *Reasons for past treatment, with date(s).*
- *Additional tests you have been advised to take and elective exam(s) or procedure(s) that have been scheduled.*

After the information has been collected, our representative will make an appointment for an examiner to visit you and collect other medical information, including samples for lab tests. During the appointment, you will need to review and sign the application and any other required forms.

Protective TeleLife Processing Center Contact Information

Phone Number: (888) 800-6608

Fax Number: (888) 615-9619

Email Address: resourcecenter@protective.com

Hours of Operation: M-F 7:00am-8:00pm CT | Sat. 9:00am-2:00pm CT