

Life Proposal Request

Date _____

Needed By _____

BROKER _____

Phone _____

E-Mail _____

Fax _____

CLIENT _____

DOB / Age _____ M F

Tobacco **Use** No Yes – Type _____

Height/Weight _____

Diagnosed Conditions _____

Medications & Dosages _____

SPOUSE _____

DOB / Age _____ M F

Tobacco **Use** No Yes – Type _____

Height/Weight _____

Diagnosed Conditions _____

Medications & Dosages _____

Client's Resident State _____

Client

Spouse

Specific Co. _____

Product _____

Face Amount _____

Premium _____

Waiver _____

Riders Increase Option _____

Spouse Term _____

Child Term _____

ADB _____

LTC Riders 1% 2% 4% of face

Indemnity or Reimburse

1035 Exchange _____ Unscheduled Premium _____

Special Instructions / Goals To Meet _____



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