



# WHOLE LIFE INSURANCE

DATE: \_\_\_\_\_

FIELD UNDERWRITER: \_\_\_\_\_

CONTRACT #: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

## Coverage Benefits

### Option A

\$ \_\_\_\_\_ -COVERAGE  
\$ \_\_\_\_\_ -PREMIUM  
\$ \_\_\_\_\_ -RIDERS  
\$ \_\_\_\_\_ -EXISTING COVERAGE  
(IF ANY)



**PERMANENT COVERAGE**



**NO** physical blood work,  
or medical exams for approval



You **CANNOT** be cancelled  
once you're approved-  
**WHOLE LIFE!**

### Option B

\$ \_\_\_\_\_ -COVERAGE  
\$ \_\_\_\_\_ -PREMIUM  
\$ \_\_\_\_\_ -RIDERS  
\$ \_\_\_\_\_ -EXISTING COVERAGE  
(IF ANY)



Coverage is **NEVER** reduced  
due to age or health once  
you're approved



Build **CASH** value



**ACCIDENTAL**  
may be included

### Option C

\$ \_\_\_\_\_ -COVERAGE  
\$ \_\_\_\_\_ -PREMIUM  
\$ \_\_\_\_\_ -RIDERS  
\$ \_\_\_\_\_ -EXISTING COVERAGE  
(IF ANY)



Your beneficiary is paid  
**IMMEDIATELY** with no  
waiting period



**TAX FREE**



Agent **SERVICE** for life



Premiums **NEVER**  
increase once you're  
approved-**LOCKED IN!**



Builds Paid Up  
Insurance



Carrier Specific Benefits

YOUR PRIMARY BENEFICIARY(S): ☐

YOUR CONTINGENT BENEFICIARY: ☐

CARRIER: \_\_\_\_\_ CARRIER CUSTOMER SERVICE # \_\_\_\_\_

1ST PREMIUM DRAFT DATE: \_\_\_\_\_

The very first draft may take 3-5 business days to draft from your account.