

Life Insurance Information Sheet

Agent: _____

Proposed Insured Name: _____

Date of Birth: _____

Height: _____ **Weight:** _____

Medical Conditions: _____

Tobacco: Yes _____ No _____

Type of Life Insurance Policy: **Term** **UL** **Indexed UL**

Death Benefit of policy desired: _____

If term, select the number of years: **10** **15** **20** **25** **30**

Agent's Notes: _____

