

# Request For Application

*This is NOT an application for life insurance. It is a request to initiate the application process only.*  
**FAX to 818.264.2359 ATTN: Richard Hall or Scan to richard.hall@capitasfinancial.com**

**SVP Name:** \_\_\_\_\_

## Insured

Primary Insured: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female (Phone): \_\_\_\_\_

Second Insured: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female (Phone): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Notes/Travel, Hobbies, Language etc. \_\_\_\_\_

**Time to Call – between 9:00 am and 4:00 pm weekdays** (48 hour minimum notification time during work week)

## Insured

Preference #1 Time: \_\_\_\_\_ Date: \_\_\_\_\_ Day: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri  
(Indicate Hour A.M. or P.M. – 15 minute time frames please.)

Preference #2 Time: \_\_\_\_\_ Date: \_\_\_\_\_ Day: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri  
(Indicate Hour A.M. or P.M. – 15 minute time frames please.)

**Number to call:** ☐ Home ☐ Work ☐ Other: \_\_\_\_\_ **Special Instructions:** \_\_\_\_\_

## Coverage Information – Request must be accompanied by as-sold illustration

Carrier: \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Product: \_\_\_\_\_

Proposed Premium: \$ \_\_\_\_\_ Premium Mode: ☐ Annual ☐ Monthly ☐ Quarterly ☐ Semi-Annual State of Issue: \_\_\_\_\_

**Term:** ☐ 10 Year ☐ 15 Year ☐ 20 Year ☐ 25 Year ☐ 30 Year ☐ ROP: \_\_\_\_ Year Rate Class quoted: \_\_\_\_\_

**Permanent:** ☐ Universal Life ☐ Whole Life ☐ Index UL ☐ Variable Life ☐ LTC Rider ☐ Last Survivor

**Will new insurance replace any in-force insurance?** ☐ Yes ☐ No **If a 1035 exchange please provide inforce information**

**Ownership:** \_\_ Individual \_\_ Business \_\_ Trust ( \_\_ Trust to be established/ \_\_ Trust is already established)

Notes: \_\_\_\_\_

## Financial Advisor Information

Financial Advisor Name: \_\_\_\_\_ Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Branch City : \_\_\_\_\_ Business Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Licensed in: \_\_\_\_\_ Licensed in State of Insured ☐ Yes ☐ No **Advisor Appointed with Carrier & PSF:** ☐ Yes ☐ No

**Date:** \_\_\_\_\_

*I hereby authorize Pacific Southwest Financial to contact the above mentioned individual at the requested time to call. This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does NOT mean that coverage is effective.*