

# FINANCIAL

## 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: simmy Memon

Insured

Primary Insured: Afaq Ahmad D.O.B: 12/2/1999 f Male III Female (Phone); +923830265690

Second Insured: Yousaf Malik D.O.B: 1/3/2000 Male MIFemale (Phone): +923122610093

Address: NYC Street 07 City. NYC State: NYC Zip Code: 54000 Email Address: atagahmad@gmail.com

Notes/Travel, Hobbies, Language etc. Running, Playing Tennis, Swimming

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

Insured

Preference #1 Time: 9:00 PM Date: 12-02-2024 Day: @ Mon O Tues O Weds O Thurs O Fri  
(Indicate Hour A.M. or P.M.— 15 minute time frames please.)

Preference #2 Time: 3:00 AM Date: 10-02-2024 Day: O Mon Tues O Weds O Thurs O Fri

(Indicate Hour A.M. or P.M — 15 minute time frames please)

Number to call: Home O Work 1 Other: Call me on Whatss pecial Instructions: Please call me during day

Coverage Information — Request must be accompanied by as-sold illustration

Carrier: Allied Bank Face Amount \$ 5000 Product: A3 Insurance

Proposed Premium: \$ 4% Premium Mode: Annual O Monthly O Quarterly O Semi-Annual State of Iss

Term: 10 Year 15 Year 020 Yea 125 Year 30 Year ROP: Year ~== Rate Class quoted: 5%

Permanent: @ Universal Life O Whole Life Index UL O Variable Life O LTC Rider Last Survivor

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

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

Notes: \_There are no notes

## Financial Advisor Information

Financial Advisor Name: SCOTT SUMMERLIN Firm: PFG Email: SCOTT@STARLIFTERWEALTH.COM

Branch City : BOlse Business Phone ( 208 ) 841 ~ 5678

Licensed in: !2 Licensed in State of Insured i Yes CONo Advisor Appointed with Carrier & PSF: Yes O

Date: 15-07-2023

I hereby authorize Pacific Southwest Financial to contact the above mentioned individual at the request of coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Coverage is effective.

