

PROPOSED INSURED INFORMATION

Proposed Insured _____

Quoted Premium \$ _____

Face Amount \$ _____

Product (Please check only one.)

OPTerm 10 15 20 25 30 35 40

Term Rider 10 \$ _____ 15 \$ _____ 20 \$ _____

Child Rider 5K 10K

Other _____

Payment method

Direct Bill Electronic Funds Transfer (EFT)

Frequency of premium payment

Annual Semi-Annual Quarterly Monthly (EFT Only)

Gender

Male Female

Is this prospective policy to replace existing insurance?

Yes No

What is the purpose of this insurance?

Buy/Sell Keyman Family Protection Income Replacement

Other _____

Policy Owner (if other than Proposed Insured)

Name _____

City, State _____ Zip _____

Date to Save Age

Yes No

Waiver of Premium

Yes No

TIAA - If your client is eligible, would you like us to offer temporary insurance coverage?

Yes No

Exam Provider

EMSI ExamOne-Superior Mobile Medics

(Available Interview Hours: Monday - Friday, 9:00 a.m. to 10:30 p.m. ET)

Please contact me: Date _____ Local time: _____
(MM/DD/YY)

AM PM The Banner Life Call Center will contact you within two hours of the designated time.

Primary Telephone No. _____

Home
 Work
 Cell

Secondary Telephone No. _____

Home
 Work
 Cell

Address _____
(Please Print)

City _____ State _____ Zip Code _____
(Please Print)

E-Mail Address _____
(Please Print)

Remarks:

AGENT INFORMATION

I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.

X _____
Signature of Agent

_____ Date Signed

Agent Name _____

Agent # _____ S.S. # _____ - _____ - _____

Telephone # _____

Share of Commission _____

Additional Agent

Agent Name _____

Agent # _____ S.S. # _____ - _____ - _____

Telephone # _____

Share of Commission _____

Brokerage General Agent (BGA) _____ BGA Number _____

Case Manager _____ Case Manager E-Mail Address _____

DISCLAIMER

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.

Please send the completed form to 3275 Bennett Creek Avenue, Frederick, MD 21704, fax to 301-294-6960 or email to Banner-Submit@lgamerica.com.