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Banner Life Insurance Company 3275 Bennett Creek Avenue Frederick, Maryland 21704 (800) 638-8428



## Request for Life Insurance Interview \* ALL FIELDS MANDATORY

## **PROPOSED INSURED**

XXX-XX- Date of Birth / /																						
	(First Name, Middle, Last Name)												digits S.S.#)						([	Day)	(Yea	r)
RISK EVALUATION																						
	If answer to question is not known, pleas	se leav	/e bla	nk.														Chec	k One	Class	ficatio	n
	Criteria Questions																		For	Each Q	uestio	n
					If No							f Yes										
	1a. Do you have a history of alcohol or subs	stance		CI	neck I	P+ an	nd go i	to que	estion	2.	Go to	o ques	stion 1	lb.								
1	(drug) abuse? 1b. Has there been any abuse in the past 10	0 voar	c2	CI	nock I	Dand	l go to	anos	tion 3	)	Chec	450	nd ao	to a	iostia	n 2	P-	+ P		S		
		0 year	3!				i yo io	ques						ίο γι	ICSUU	ΙΖ.						
	Have you had any DUIs in the past 2a. 5 years? 2b. 3 years?			CI	If No Check P+ and go to question 3.						If Yes Go to question 2b.					P	л.	S	S			
2					Check P+ and go to question 3. Check S+ and go to question 3.						Check S and go to question 3.						5	5				
					0 1						<b>C</b> .											
3	Have you had more than two motor vehicle moving				If No Check P+ and go to question 4.							If Yes Check S+ and go to question 4.					P	Ъ	S			
3	violations in the past three years?				CHUCK = T and yU to yut Sholl 4.						$\mathbf{O} = \mathbf{O} = $					JT JT						
	If No								If Yes													
	4a. Has either parent or a sibling had a history of					Check P+ and go to question 5.							Go to question 4b.									
	cardiovascular disease before age 60?					_																
4	4b. Has either parent died as a result of cardiovascular disease before age 60?			CI	Check P and go to question 5.						Go to question 4c.					P+ P S+ S						
	4c. Have both parents died as a result of car	diovas	vascular Check S+ and go to question					5.	Check S and go to question 5.													
	disease before age 60?				5								5									
	What is your beight?		Pa	and a	n hoi	aht o	ad wa	iaht a		thou	ndonu	riting	مامم	ificati	00		P		P S+	- S		
5	What is your height? weight? Based according to the build chart below. If weight meets or exceeded					ed on height and weight, select the u eeds limit for standard (S) class, che												+ P				
									,			f Vaa										
	Have you used any nicotine-based products in the past 6a. 36 months?				If No Check P+ and go to question 7.						If Yes Go to question 6b.											
6	6b. 24 months?				Check P and go to question 7.						Go to question 6c.					P	+ P	) S-	-	PT	ST	
	6c. 12 months?						7.	Check PT if answers from 1 to 5														
	are all P/P+, otherwise, check ST.																					
	What is the lowest (on a scale whe	ere P	+ is ł	nighe	est)	unde	erwri	ting	clas	s ch			-		ne							
′	answers to questions 1-6?										Che	CKO	ne b	OX.			P	+ P	° S-	S	PT	ST
$\vdash$									D:L	1 Ch												
This questionnaire is designed to provide a tentative						Build Chart												I				
	premium classification based on a portion of	Height	Weight			P	S+	S	S M/F	Height	Weight	r		P	S+	S M/F	S					
the criteria used to determine a final premium					Female 126	M/F 148	M/F 156	M/F 181	M/F 196	5'11"	133	Male 201	Female 175	M/F 221	M/F 231	M/F 272	M/F 293	l r				
	classification. Final approval, classification, and	4'  "	92	140	131	154	162	188	203	6'0"	136	207	180	228	240	280	302		Legend	Preferred	Dive	
	actual rates will be subject to and based upon the	5'0" 5'1"	95 98	144 148	135 138	158 163	166 172	194 201	209 217	6'1" 6'2"	140 144	213 219	184 188	234 241	245 253	288 295	310 319			referred	rius	
	entire underwriting process, your medical history,	5'2"	101	153	140	168	175	207	224	6'3"	148	225	193	247	259	304	328			tandard	Plus	
	information developed during your interview with the	5'3"	104	158	143	174	182	214	231	6'4"	152	230	197	253	265	312	336			tandard	iius	
	Banner Call Center representative and/or any specific	5'4" 5'5"	108 111	163 168	145 148	179 185	188 194	221 228	238 246	6'5" 6'6"	156 160	237 243	201	260 267	272 280	320 328	345 354	I İi		referred	Tobacco	
	underwriting requirements and criteria. Please refer to the policy form for full disclosure of benefits and	5'6"	115	174	150	191	200	235	254	6'7"	164	249	209	274	287	337	363			tandard		
	limitations. Forms and policy provisions may vary by	5'7"	118	179	155	197	206	242	261	6'8"	168	256	214	281	294	345	373					
	state. Not available in all states.	5'8" 5'9"	122 125	185 190	160 165	203 209	212 219	249 257	269 277	6'9" 6'10"	173 177	262 268	218 222	288 295	302 309	354 363	382 392	1				
	זומור, חטו מימוומטור ווו מוו זומוללז.	5'10"	125	196	170	215	217	264	285	6'11"	181	276	226	303	317	372	401					

PROPOSED INSURED INFORMATION	Proposed Insured							
Quoted Premium \$ Product (Please check only one.)	Face Amount \$         OPTerm       10       15       20       25       30       35       40         Term Rider       10       \$							
Payment method Frequency of premium payment Gender Is this prospective policy to replace existing insurance?	Direct Bill       Electronic Funds Transfer (EFT)         Annual       Semi-Annual       Quarterly       Monthly (EFT Only)         Male       Female         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         Zip           City, State         Zip							
Date to Save Age Waiver of Premium TIAA - If your client is eligible, would you like us to	Yes     No       Yes     No							
offer temporary insurance coverage? Exam Provider	Yes     No       EMSI     ExamOne-Superior Mobile Medics							
(Available Interview Hours: Monday - Friday, 9:00 a.m. to 10:30 p.m. ET) The Banner Life Call Center will contact you within two hours								
Please contact me: Date Local time:	PM of the designated time.							
Primary Telephone No	<ul> <li>Home Work</li> <li>Cell</li> <li>Home Work</li> <li>Cell</li> <li>Home Work</li> <li>Cell</li> </ul>							
Address	(Please Print) State Zip Code							
(Please Print) E-Mail Address(Please Print)	(Please Print)							
Remarks:								
AGENT INFORMATION								
I hereby authorize the Company to affix my electronic signat	ture to all life insurance applications and related forms submitted by the undersigned. I will immediately signature or any prior signature authorization be terminated or revoked in any jurisdiction.							
XSignature of Agent								
Agent Name								
Telephone #	Share of Commission							
Additional Agent								
Agent Name	Agent # S.S. #							
Telephone #	Share of Commission							
Brokerage General Agent (BGA) BGA Number								
	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.