Washington Brokerage

New Business Transmittal Cover Sheet & Checklist

PROPOSED INSURED:_____DOB:_____

LIFE COMPANY:_____

PRODUCT:_____TERM PERIOD:_____PREMIUM:_____

SIGNATURE DATE:_____STATE:_____RISK CLASS:_____

PRIMARY WRITING AGENT:_____

APPLICATION TYPE: _____FORMAL _____The Exam has been ordered & date:_____

Company:_____

_____ I would like WA Brokerage to order the Exam

_____TRIAL *(The agent will provide all medical records.)*

_____CONVERSION

_____ANNUITY

- Cover Letter w/Client History
- All questions answered in full & details provided
- All Doctor information included
- HIV Form
- HIPAA Authorization
- Authorization(s) required by client's Physician(s)
- Application Part 2 ("Non-med")
- EFT or "PAC" Authorization + Void Check
- Replacement Form
- Aviation Questionnaire
- Avocation Questionnaire
- Foreign Travel Questionnaire
- Financial Questionnaire
- Signed Illustration (required on all permanent products)
- Agent Contracting
- Agent Report (required)
- Trust Verification Form
- Accelerated Death Benefit Option
- WB HIPAA Authorization
- Temporary Insurance Agreement
- Initial Premium Payment
- Trust Verification Form
- Original 1035 Exchange Form(s)
- Annuity Suitability Form
- Other: *(please list)*

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To avoid delays, please ensure all information on the application is legible and all required signatures included. Please fax or email all applications and mail original 1035 Exchange forms and premium checks to our office.

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