NEW BUSINESS APPLICATION TRANSMITTAL

Life of Southwest

New Business Department

(866) 323-3299 or fax@firfin.com

Postal and Overnight Courier Delivery Address:
442 W. Kennedy Boulevard, Suite 312 Tampa, FL 33606
(800) 327-3367 Phone • (866) 323-3299

For Processing Use Only

Date: (mm/dd/yyyy): _____

Base #: _____

Alt / Add'l #'s: _____

Companion #: _____

INSTRUCTIONS: ONE APPLICATION PER TRANSMITTAL (EXCEPT COMPANION APPLICATIONS)

All information pertaining to a specific client should be pre-sorted within this fax transmission. After faxing the application, please mail any original correspondence **(PAYMENTS, 1035 EXCHANGE FORMS & ASSIGNMENT FORMS)** with a copy of this transmittal attached to the corresponding address as noted above.

PLEASE PRINT LEGIBLY

Agt Number:		**Agt Name:**
Agt Phone:	**Agt Fax:**	**Agt Email:**
Product Name:		**Product Type:** **EIUL TERM ANNUITY**
Insured Name:		**Insured Birth Location:**
Companion Name:		**Other Insured:**
Insured DOB:	**Insured SSN:**	**Death Benefit:**
Premium Amount Accepted: **NO YES $_____**		**Premium Mode:** **PAC Quarterly Semi-Annual Annual**

For use with all Life Applications *(Check appropriate box to indicate form is accompanying application)*

PI	OIR	CP	New Business Requirements
☐	☐	☐	HIV Consent Form
☐	☐	☐	HIPAA Compliant Authorization (8164)
☐	☐	☐	ABR Disclosure Form
☐	☐	☐	Replacement Form*
☐	☐	☐	Transfer or 1035 Exchange Forms (9685)*
☐	☐	☐	Previous Policy Pages*
☐	☐	☐	Strategy Allocation (8613)*

PI	OIR	CP	Underwriting Requirements
☐	☐	☐	Oral Fluids Taken
☐	☐	☐	Blood and HOS
☐	☐	☐	Para med Exam
☐	☐	☐	Other

*** If Applicable**

PI = Proposed Insured
OIR = Other Insured Rider
CP = Companion Policy

Processing Center Only

APS Ordered Insured: _____ Doctor: _____ Date: _____

APS Ordered Insured: _____ Doctor: _____ Date: _____

Comments and / or voided check here (Please attach check with glue or tape – DO NOT STAPLE)