

| Producer Information | |
|----------------------|--------|
| Producer Name: | |
| | |
| Agency / Firm Name: | |
| | |
| Address: | |
| | |
| E-Mail: | Phone: |
| | |

| Client Information | |
|--|---------|
| Client Name: | |
| | |
| Date of Birth: | State: |
| | |
| Height: | Weight: |
| | |
| Known Medications (if any): | |
| | |
| Known Health Issues (if any): | |
| | |
| Additional Client Notes: (hobbies, extreme sports, pilot, etc.): | |
| | |

Save File Before Closing and When Completed
Please Send to: jsprague@grpbenltd.com

| Quote Details: | |
|--|---------------------------------|
| Tobacco Use: | Health Class (if known): |
| <input type="checkbox"/> Yes / <input type="checkbox"/> No | |
| Death Benefit Amount(s) or Premium (frequency): | 1035 Exchange Amount: |
| | |
| Policy Type: | |
| <input type="checkbox"/> ART / <input type="checkbox"/> Term 10 / <input type="checkbox"/> Term 15 / <input type="checkbox"/> Term 20 / <input type="checkbox"/> Term 25 / <input type="checkbox"/> Term 30 / <input type="checkbox"/> Term 35 / <input type="checkbox"/> Term 40 / <input type="checkbox"/> IUL / <input type="checkbox"/> GUL / <input type="checkbox"/> Whole Life | |
| Years to Pay Premiums (if IUL, GUL or Whole Life): | |
| <input type="checkbox"/> 10 Years / <input type="checkbox"/> 20 Years / <input type="checkbox"/> Age 65 / <input type="checkbox"/> Lifetime / <input type="checkbox"/> Single Pay / <input type="checkbox"/> Other: | |
| Riders: | |
| <input type="checkbox"/> Waiver of Premium / <input type="checkbox"/> Long-Term Care / <input type="checkbox"/> Term Rider / <input type="checkbox"/> Other: | |
| Carrier Preference(s) (if any): | |
| | |
| Purpose of the Insurance? (ex. Protection, Retirement Planning, Estate Planning, Business Needs, Loan Protection) | |
| | |
| Additional Client/Illustration Notes: | |
| | |

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| Follow-Up | |
|--|--|
| Who will lead this case: | Send Quotes to: |
| <input type="checkbox"/> Producer / <input type="checkbox"/> Life's Solutions @GBL | <input type="checkbox"/> Producer / <input type="checkbox"/> Client |
| If Life's Solutions is Leading the Case... | |
| Best Time to Call: | Time Zone: <input type="checkbox"/> PST / <input type="checkbox"/> MST / <input type="checkbox"/> CST / <input type="checkbox"/> EST |
| Best Number: | Type: <input type="checkbox"/> Office / <input type="checkbox"/> Home / <input type="checkbox"/> Cell |
| Client E-Mail Address: | |
| Producer - Appointments & Contracting: | |
| Are you currently licensed for Life Insurance? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| If Yes, are you licensed in the Client's State? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| If No, do you want to become licensed for Life Insurance? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Are you appointed/contracted with the selected Carrier? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| If yes, are you contracted through Life's Solutions @ GBL? | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Additional Notes: | |
| | |

Sales Team Members

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|----------------------------|----------------|--|
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