



Life
LTC
Disability
Annuities

Helping protect your clients' tomorrows

Life Insurance Proposal Request Form

www.gblsolutionsforlife.com

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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