

Contract Request Questionnaire

Instructions:

The following Contract Request Questionnaire will provide the information required to prepare documents for the next step

Beneficiary Information:

If the beneficiary of the Irrevocable Life Insurance Trust that is created for this transaction is another trust (a "beneficiary" or "secondary" trust), do not fill in the beneficiary information for an individual. Leave that section blank and complete the following section "If the beneficiary is to be an existing trust ("Secondary Trust")." If the beneficiary is an individual (i.e. there is no "beneficiary" or "secondary" trust) you may leave the "existing trust" section blank.

Current Contact/Notifier Information

Current Contacts are individuals who are personally familiar with the Insured and will almost certainly be immediately advised of his/her death.

Notifiers are individuals who are personally familiar with the insured and will almost certainly be advised of his/her death. The difference between a Current Contact and a Notifier is that Notifiers must agree to provide immediate notification of the Insured's death by calling and sending a letter

Notifiers *can* be duplicate names from the above Contacts and family members; however, a Notifier *cannot* be any individual who has any interest in this transaction. Prohibited Notifiers include, but are not limited to, any beneficiary (primary or contingent) of the trust, any spouse or child of the insured and the referring broker.

Contract Request Questionnaire

Date:

Insured Information

Last Name:	First Name:	MI
No. and Street:		
City:	State:	Zip: County:
Telephone No.:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:	Soc. Sec. No.:	

Is the insured currently married? (check one) Yes No
 If YES, please provide full legal name of spouse:

Last Name:	First Name:	MI
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Please provide the full legal names of all children of the Insured (additional sheets may be attached):

Last Name:	First Name:	MI
Last Name:	First Name:	MI
Last Name:	First Name:	MI
Last Name:	First Name:	MI
Last Name:	First Name:	MI

Beneficiary Information

Please provide the full legal names of all beneficiaries (additional sheets may be attached):

Individuals:

Primary (P)
Or
Contingent (C)

Last Name:	First Name:	MI	Relationship to insured:	Interest: 0%	P	C	<input type="checkbox"/>
Street Address:	City:	State:	Zip Code	Phone:	Social Security #		

Last Name:	First Name:	MI	Relationship to Insured:	Interest: 0%	P	C	<input type="checkbox"/>
Street Address:	City:	State:	Zip Code	Phone:	Social Security #		

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Beneficiary Information (cont'd)

Last Name:	First Name:	MI	Relationship to Insured:	Interest: 0%	P C	<input type="checkbox"/>
Street Address:		City:	State:	Zip Code	Phone:	Social Security #

Last Name:	First Name:	MI	Relationship to Insured:	Interest: 0%	P C	<input type="checkbox"/>
Street Address:		City:	State:	Zip Code	Phone:	Social Security #

If the beneficiary is to be an existing trust ("Secondary Trust"):
(PLEASE PROVIDE A COPY OF THE SECONDARY TRUST)

Name of Trust:

Name of Trustee:

Last Name:	First Name:	MI
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Mailing Address:

No. and Street:		
City:	State:	Zip:

Trust EIN:

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Please provide the full legal names of all beneficiaries to the above named Secondary Trust (additional sheets may be attached):

Last Name:	First Name:	MI	Relationship to Insured:
Last Name:	First Name:	MI	Relationship to Insured:
Last Name:	First Name:	MI	Relationship to Insured:
Last Name:	First Name:	MI	Relationship to Insured:

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Referring Broker Information

Name of Referring Broker:
Broker Company:

Mailing Address:

No. and Street:		
City:	State:	Zip:
Telephone No.:		
Fax No.:		
E-mail address:		

Additional information (if necessary):

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Current Contact/Notifier Information

Personal Contacts

Contact #1 Name:
Relationship:
Mailing Address:
City, State Zip:
Phone Number:

Contact #2 Name:
Relationship:
Mailing Address:
City, State Zip:
Phone Number:

Contact #3 Name:
Relationship:
Mailing Address:
City, State Zip:
Phone Number:

Notifiers

Notifier #1 Name:
Relationship:
Mailing Address:
City, State Zip:
Phone Number:

Professional Contacts

Attorney Name:
Mailing Address:
City, State Zip:
Phone Number:

Accountant Name:
Mailing Address:
City, State Zip:
Phone Number:

Other Professional (please identify):
Mailing Address:
City, State Zip:
Phone Number:

Notifier #2 Name:
Relationship:
Mailing Address:
City, State Zip:
Phone Number: