

# LIFE INSURANCE PROPOSAL REQUEST BY FAX

FAX: 847-681-9501

LANNY D. LEVIN AGENCY

Requested on (date) \_\_\_\_\_/06

To:  Jerry Fox  Lanny Levin

From (broker name): \_\_\_\_\_

Broker's Email: \_\_\_\_\_@\_\_\_\_\_

Broker's Telephone (\_\_\_\_\_) \_\_\_\_\_

Broker's FAX (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*We will email proposals to you unless you indicate otherwise*

Need by \_\_\_\_/\_\_\_\_ a.m. p.m.

Employer Name, if applicable \_\_\_\_\_

Insured	Sex	Birthdate	Smoker	Class	Total Face Amount	Or Total Spend Amount
1	M F		Y N		\$	\$
2	M F		Y N		\$	\$
3	M F		Y N		\$	\$

1035 Exch. \$ \_\_\_\_\_ Cash fm old policy \$ \_\_\_\_\_ Cost Basis of old pol. Previous pol. a MEC? Y N  
 Exec. Bonus Plan Tax Brackets: Employer \_\_\_\_\_% Employee \_\_\_\_\_%

**Guardian Single life (all-base)** circle plan(s) below

**Guardian Joint Survivor Life (all base)**

WL-100 (CashVal in yr.3, lower premium) (\$100,000 min)	WL-96 (CashVal in yr.2 slightly higher premium) (\$25,000 min)	Berkshire Accumulator Universal Life (\$100,000 min)	Berkshire Protector Universal Life (\$100,000 min)	Guardian Level Term 10/15/20 year (\$250,000 min)	Term spreadsheet: _____ years of level prem
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**Div. Options:**  Natural Prem. Offset \_\_\_\_\_ Yrs.  Continuous Pay  Reduce prem

**Single Life Term Blends** (Portfolio "Q")  Use WL-96  Use WL-100  
 Berkshire Accumulator -  Use UL & AART  Use UL & ASI  
 Berkshire Protector (include Secondary Guarantee Coverage Rider (SGCR))  
 **Joint Survivor Life Blends** (Portfolio "Q")

WL	Qterm	Spend Amt	Natural Offset?	OR Desired Yrs to Pay
<input type="checkbox"/> 75%	25%	\$ _____	<input type="checkbox"/> Min <input type="checkbox"/> Yes	_____ <input type="checkbox"/> all
<input type="checkbox"/> 60%	40%	\$ _____	<input type="checkbox"/> Min <input type="checkbox"/> Yes	_____ <input type="checkbox"/> all
<input type="checkbox"/> 50%	50%	\$ _____	<input type="checkbox"/> Min <input type="checkbox"/> Yes	_____ <input type="checkbox"/> all
<input type="checkbox"/> 20%	80%	\$ _____	<input type="checkbox"/> Min <input type="checkbox"/> Yes	_____ <input type="checkbox"/> all
<input type="checkbox"/> _____%	_____%	\$ _____	<input type="checkbox"/> Min <input type="checkbox"/> Yes	_____ <input type="checkbox"/> all

Riders:  Disability Waiver  EABR  GIO  CWB  Secondary Guarantee  Max PUA

Limited Waiver (UL) \$ \_\_\_\_\_ Coverage Rider (UL only)

**Dividends**  Current Scale  Alt. Scale  Reduced by 0.5% per year to 6.0% or \_\_\_\_\_%  Flat \_\_\_\_\_%

Show distributions →  maximum \$\$ or \$ \_\_\_\_\_ for \_\_\_\_\_ yrs starting age \_\_\_\_\_ MEC okay Yes  No

Source of distributions →  Surrender of adds only **OR**  Surrender of additions to basis, then loans

Other comments or instructions: \_\_\_\_\_

Note: 412(i) plans? call Lanny 847-266-2244. Ask us about Guardian's Executive Strategies Whole Life<sup>SM</sup> (ESWL), a permanent whole life insurance plan for groups with at least 3 lives.