

# Client appointment form

Be prepared!

Use this form to ensure you have all the information you need for a smooth life insurance application process.

## Proposed Insured

Legal name: \_\_\_\_\_

Ever used a different name? ☐ Y **or** ☐ N If Yes, what name(s)? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age last: \_\_\_\_\_ Backdate to save age? ☐ Y **or** ☐ N Gender: ☐ Male **or** ☐ Female

Marital status: \_\_\_\_\_ SSN: \_\_\_\_\_ State and country of birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Annual income: \_\_\_\_\_ Net worth: \_\_\_\_\_

Does the proposed insured have a valid driver's license or ID? ☐ Y **or** ☐ N

Driver's license number: \_\_\_\_\_ Issue state: \_\_\_\_\_

If no driver's license, other valid form of identification: \_\_\_\_\_ Issue state or country: \_\_\_\_\_

Residential address: \_\_\_\_\_

Residence change in the last 3 months? ☐ Y **or** ☐ N

If yes, list previous address: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

Best phone number to contact: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Other phone number: \_\_\_\_\_ Email: \_\_\_\_\_

In the past 12 months, has the Proposed Insured completed a paramedical with lab work with any life insurance application, including this one? ☐ Y **or** ☐ N

## For insureds under age 18

Last doctor visit: \_\_\_\_\_ Doctor's name: \_\_\_\_\_

Reason for visit and results: \_\_\_\_\_

## Owner

Maximum of 2 owners with ExactApp®

Will the proposed insured be the owner? ☐ Y **or** ☐ N

Will the policy be delivered electronically? ☐ Y **or** ☐ N

Is the owner of this policy an Active Duty Service Member of the United States Armed Forces? ☐ Y **or** ☐ N

Is the owner of this policy subject to IRS withholding? ☐ Y **or** ☐ N

Is there a joint or contingent owner? ☐ Y **or** ☐ N List joint or contingent owner information on a separate page.

Owner legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

## Beneficiaries

Maximum of 5 with ExactApp - Percentage split must be 100%. List additional beneficiaries on a separate page.

Primary beneficiary legal name: \_\_\_\_\_ % split: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Contingent beneficiary legal name: \_\_\_\_\_ % split: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

## Plan information:

Product type: ☐ Term ☐ UL ☐ IUL Product: \_\_\_\_\_

Rate class: ☐ Tobacco **or** ☐ Non-tobacco

Has the insured used cigars in the past 12 months? ☐ None ☐ Up to 1 per month ☐ Up to 2 per month ☐ 2+ per month

Has the insured used nicotine in the past 12 months? ☐ Y **or** ☐ N

Death benefit amount: \_\_\_\_\_ Death benefit option: ☐ level ☐ increasing ☐ ROP

Life insurance test: ☐ GPT **or** ☐ CVAT

Riders: \_\_\_\_\_

Would the Proposed Insured like to apply for additional coverage? ☐ Y **or** ☐ N

If yes, details: \_\_\_\_\_

## Existing insurance / Replacement information:

- Does the proposed insured have any life insurance or annuities currently in force or pending? ☐ Y **or** ☐ N
- Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Y **or** ☐ N
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy? ☐ Y **or** ☐ N

Company name	Coverage amount	Policy number	Year issued	Replacing?
_____	_____	_____	_____	<input type="checkbox"/> Y <b>or</b> <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> Y <b>or</b> <input type="checkbox"/> N
_____	_____	_____	_____	<input type="checkbox"/> Y <b>or</b> <input type="checkbox"/> N

## Temporary Insurance Agreement (TIA)

Would the proposed insured like a Temporary Insurance Agreement (TIA)? ☐ Y **or** ☐ N

*If yes, please answer the following:*

- Any major medical conditions in the past 5 years? ☐ Y **or** ☐ N
- In the past 12 months, unintentionally lost more than 10 pounds? ☐ Y **or** ☐ N
- In the past 90 days, been admitted or advised by a medical professional to be admitted to a hospital or other licensed health care facility (other than a normal childbirth), or been advised by a medical professional to have a surgery or diagnostic test or procedure (other than a test related to the HIV virus) which has not been completed or results are unknown? ☐ Y **or** ☐ N
- Life insurance that was declined, postponed, or charged an additional premium in the past five years? ☐ Y **or** ☐ N
- Is the proposed insured under 15 days of age or over 70 years of age? ☐ Y **or** ☐ N

## Payor

Policy payor name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mode of payment: ☐ Check **or** ☐ EFT **or** ☐ Other: \_\_\_\_\_

Modal premium amount: \_\_\_\_\_

*If setting up EFT answer the following:*

EFT frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Bank name: \_\_\_\_\_ Bank account type: ☐ Checking **or** ☐ Savings

Bank routing number: \_\_\_\_\_ Bank account number: \_\_\_\_\_

## Personal history

- Is the proposed insured fluent in English? ☐ Y **or** ☐ N
- Is there any other reason, such as visual impairment or technical limitation, that would prevent the proposed insured from completing the part 2 application online? ☐ Y **or** ☐ N

Documents containing customers' personal information should be maintained securely in a manner consistent with the Compliance Manual as well as applicable state and federal privacy requirements. Sammons Financial<sup>SM</sup> is the marketing name for Sammons<sup>®</sup> Financial Group, Inc.'s member companies, including Midland National<sup>®</sup> Life Insurance Company. Annuities and life insurance are issued by, and product guarantees are solely the responsibility of, Midland National Life Insurance Company.

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