

LIFE INSURANCE PROPOSAL REQUEST

Date: _____
Broker: _____
Phone: _____
Address: _____
Email: _____
KTB Associate: _____

Kistler Tiffany Benefits
484-321-5800
484-321-5802 (facsimile)

Submit Quote Request to: Jamie Dyer

CLIENT INFORMATION

Name: _____ Date of Birth: _____ Sex: M F
Resident State: _____ HT: _____ WT: _____ Tobacco Use: Y N
Rating: Preferred Standard Rated: _____
Face Amount: \$ _____

PLAN DESIGN

Product: Whole Life Cash Value Objective: _____
 Universal Life Cash Value Objective: _____
Mix: All Permanent Perm/Term Mix (% Amt. Perm: _____ % Amt. Term: _____)
Premium Objectives: Full Pay Natural Vanish Accelerated Vanish in Year
Riders: Waiver ADB Child Insurance Amount: _____
Premium Mode (circle one): A SA Q Monthly Draft
Health Considerations/Special Requests: _____
