Insured Retirement Contract™ Application

Proposed insured - Personal information

First name_____Middle initial_____Last name _____
DOB_____/_____/_____ Gender Male_____Female _____
County of residence _____
Birth country_____Birth state (US) _____
Citizenship_____SSN/Tax ID_____-_____-_____
Driver's license number_____Issue state_____Expiration _____
Income $_____Net worth $ _____
Occupation_____Years in occupation _____
Have you ever smoked cigarettes?_____Yes_____No Within last 12 months?_____Yes_____No
Other forms of tobacco use?_____Yes_____No

Contact information

Phone number _____
Street address_____City_____State_____Zip _____

Email _____

Additional information

Owner (if different than insured)

First name_____Middle initial_____Last name _____
DOB_____/_____/_____ Gender Male_____Female _____
Phone number _____
Street address_____City_____State_____Zip_____

Email _____
Driver's license number_____Issue state_____Expiration _____
Employer name _____
Employer street address_____City_____State_____Zip_____

Years at current job _____

Beneficiary information

Beneficiary 1

First name_____Last name _____
Relationship to insured _____
Percentage of death benefit _____

Beneficiary 2

First name_____Last name _____

Relationship to insured _____

Percentage of death benefit _____

Beneficiary 3

First name_____Last name _____

Relationship to insured _____

Percentage of death benefit _____

Insurance information

Type of insurance (business, personal) _____

Planned contribution term (# of years) _____

Planned contribution amount (annual premium) $ _____

Existing insurance information

Death benefit $_____

Type of insurance _____

Is this a replacement?_____Yes _____No

Company _____

Policy number _____

Year issued _____

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