

TXM Term Life eQuote Request

Email completed form to: equote@txmlife.com

Proposed Insured ~ Without date of birth actual premiums may be higher than quoted premiums.

Name: Gender: DOB or Age:
MM/DD/YYYY or Age

Health: Tobacco:

Policy Information ~ You may request more than 1 quote per page.

Price breaks at \$50,000; \$100,000; \$250,000; \$500,000 & \$1,000,000.

Amount 1: Amount 2: Return of Premium? ☐ Yes (\$100k Min)

Premiums level: Pay premiums:

Three available riders if insured is 55 or younger. D.I. Rider is 30 day elimination (60 days in KS); 2 year benefit.

Waiver of ☐ Yes, add W/P \$10,000 ☐ Yes, add CR Disability
Premium: (Waives premium if disabled) Child Rider: (Adds about \$4.50/month) Income: (>\$500/mo-60% of Income)

Other information that may require application to include additional forms.

Replacing? Will a business ☐ Yes. Include IRS EOLI forms.
own the policy?

Please provide any comments you feel may be helpful, especially concerning insured's health.

Comments:

Suggestions for comments:

- Does insured have health concerns?
- Is insured taking any medications? What is being treated?
- Is insured a pilot, SCUBA diver, or do extreme sports?
- Does insured have a premium amount in mind?
- Do you want DI Rider to age 65 instead of 2 year benefit?

Your contact information so we can sent your eQuotes. If requesting for an agency or bank include it's name, too.

Your Name: Agency/Bank:

Your City: Your State:

Your Email: Your Phone:

Numbers only. No symbols.

Applications, forms, and policy options are "State-specific" based on where the Policy Owner will sign them.

Application State: Today is:
(State where application will be signed by Policy Owner)

When you send this eQuote Request you certify that you or your agency are licensed in the State where It is signed.

"I certify that (I am / my agency is) licensed in the State where the application will be signed."

Type "Y" to certify.

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