

Client Information Sheet

Name (First, Middle, Last): _____ Sex: Female Male

Date of Birth (Month, Day, Year): _____ Age: _____

Place of Birth (City/ Country): _____ Marital status: _____

Social Security Number # _____ Height: _____ Weight: _____

Driver License Number/ State: _____ Expiration Date: _____

Primary Residence:

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Length of Residence: _____ Email Address: _____

Telephone Number: Personal _____ Business: _____

Citizenship: US Non US - Country of Citizenship _____

Type of Green Card/ VISA _____

Occupation Job/ Duties: _____

Company Name: _____

Company Address:

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Annual Earned Income: \$ _____ Net Worth: \$ _____

Beneficiary Designation

Primary Beneficiary Name (First, Middle, Last): _____ Percentage: _____%

Relationship: _____ Social Security Number # _____

Date of Birth: _____ (Month, Day, Year) Telephone Number: _____

Primary Beneficiary Name (First, Middle, Last): _____ Percentage: _____%

Relationship: _____ Social Security Number # _____

Date of Birth: _____ (Month, Day, Year) Telephone Number: _____

Secondary Beneficiary Name (First, Middle, Last): _____ Percentage: _____%

Relationship: _____ Social Security Number # _____

Date of Birth: _____ (Month, Day, Year) Telephone Number: _____

Secondary Beneficiary Name (First, Middle, Last): _____ Percentage: _____%

Relationship: _____ Social Security Number # _____

Date of Birth: _____ (Month, Day, Year) Telephone Number: _____

Base Face amount: \$ _____ Supplemental Face Amount \$ _____

Death Benefit Option:

Option 1 (Death Benefit = Face Amount) Option 2 (Death Benefit = Face Amount + Policy Value)

Premium: \$ _____ Bill Mode: Annual Semi-Annual Quarterly Monthly (Pre-Authorized Payment plan only)

Name of financial institution:

Account type: Checking Savings

(Routing number)

(Account Number)

(Confirm account number)

Payment Information

Life insurance premium (choose one)

EFT including initial premium EFT only

Loan repayment

Process entries: Monthly Quarterly Semi-Annually Annually

_____ \$ _____

(Withdrawal day)

In the amount of

Add to policy/ contract Number

Physician Information

Primary Physician Name (First, Middle, Last): _____

Address:

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Date of last Visit (Month, Day, Year): _____

Reason for last visit, outcome and treatment prescribed:

Primary/ First Insured Signature : _____ Date: _____

Life New Case Checklist

Client Name: _____ Agent Name: _____

- 1. Proof of third-party assets (* Documents signed by accountants, if there are specific bank certificates and / or real estate certificate, please provide) (Depending on the face amount)
- 2. Illustration
- 3. Visa
- 4. Passport
- 5. Entry and exit stamp
- 6. Chinese ID
- 7. Green Card Copy
- 8. Address in China
- 9. Company in China (Name, Address, Phone Number) & Job/Duties and the Employment date
- 10. Exam Barcode
- 11. How long has the agent known this client?
- 12. The income of client's spouse, what is the net worth?
- 13. Does client have immediate family members? Are they in U.S. or other countries? What are their name, nationalities, ages and citizenship?

- 14. U.S. net worth (cash, stock, real estate, etc.)
- 15. Please list all the assets outside the US, such as the house/investment property address, the total amount in the bank account, etc.
- 16. All Chinese assets (cash, securities, real estate, stocks, property value, others)
- 17. Annual personal income (U.S. income and foreign income)
- 18. How much salary, bonus, interest, real estate income, and business income from his/her annual income?
- 19. Cover Letter (For foreigners & \$ 5M + case required)
- 20. Have/Has health insurance in the United States?
- 21. Any travel plans? Which city, how long? How many times a year?
- 22. Telephone interview (depending on insurance company)

I fully understand that there are

_____ materials not provided in this case. If the materials are not complete, the case will not be submitted, or it will seriously affect the approval process of the insurance company, causing delay. If all the materials are complete, the insurance company needs about 4 to 6 weeks to underwrite.

Signature: _____

Date _____