

AGENT FORMS/ MATERIALS ORDER SHEET

NAME: _____

ADDRESS: _____ Apt/ Suite: _____

CITY: _____ ST: _____ ZIP CODE: _____

PHONE: _____ DATE: ____ / ____ / ____ AGENT #: _____

General Forms

Preauthorized Bank Draft Withdrawl
DIRECT DEPOSIT AGREEMENT CHECK : <input type="checkbox"/> 1-Time <input type="checkbox"/> Recurring
Replacement Form - Life & Annuity
Transfer, Rollover, 1035 Exchange Form

Life Applications& Forms

LIFE APPLICATION
LIFE APPLICATION (Short) CHECK <input type="checkbox"/> IL <input type="checkbox"/> OH <input type="checkbox"/> PA
FINAL EXPENSE
ACCIDENTAL DEATH & DISMEMBERMENT

Annuity Applications & Forms

ANNUITY APPLICATION
ROTH IRA: <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> DISCLOSURE
TRADITIONAL IRA: <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> DISCLOSURE

Life Sales Materials

REPRESENTATIVE LIFE GUIDE
POCKET UNDERWRITING GUIDE
10 PAY - RATE CARD
20 PAY - RATE CARD
FREEDOM TERM - RATE CARD
HIGH CASH VALUE - RATE CARD
SINGLE PREMIUM -RATE CARD
WHOLE LIFE - RATE CARD
FINAL EXPENSE - RATE CARD

Annuity Brochures

3 YEAR
5 YEAR
FLEX ONE
FLEX TWO
BONUS ONE
BONUS TWO

Life Brochures

FINAL EXPENSE BROCHURE LIMIT OF 10
FINAL EXPENSE, EXAM ONE INTERVIEW FLYER
FREEDOM TERM
HIGH CASH VALUE
SINGLE PREMIUM
STUDENT TERM
WHOLE LIFE
TERM-TO-30

Agent Tools & Materials

2016 COMPARATIVE REPORT
COPY OF KSKJ VOICE NEWSPAPER
NEW BUSINESS PINK ENVELOPE
APPLICATION FOR MEMBERSHIP - PA ONLY
ANNUAL REPORT LIMIT OF 5
MEDICARE SUPPLEMENT INSURANCE BROCHURE
BUSINESS CARDS (LIMIT OF 20) *SPECIAL ORDER FOR MORE, YOU MAY BE REQUIRED TO PAY*

Member Service Forms

ANNUITY OWNER CHANGE REQUEST
CHANGE OF NAME/ADDRESS
CHANGE OF BENEFICIARY
ASSIGNMENT OF LIFE INSURANCE
CHANGE OF OWNER
REQUEST FOR CHANGE OF AGENT