



AEGIS FINANCIAL

# Insurance Illustration Request

## Client Information

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_ Height/Weight: \_\_\_\_\_ Tobacco Use \_\_\_\_\_

Joint Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_ Tobacco Use \_\_\_\_\_

Application State \_\_\_\_\_

### Notes:

*Use for Medical  
Concerns /  
Prescription Hx*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Product Information

Product Type: **Whole**  **Term**  **IUL/UL**  **SPL**

Preferred Carrier \_\_\_\_\_ Preferred Product \_\_\_\_\_

Desired Face Amount \_\_\_\_\_ OR Desired Premium \_\_\_\_\_

WHOLE: Full Underwriting  OR Non-Medical

TERM: Length of Term \_\_\_\_\_

IUL/UL: 1<sup>st</sup> Year Lump Sum \_\_\_\_\_ Pay Premium Until (Age / Yrs) \_\_\_\_\_

Death Benefit Option: Level  Increasing

SPL: Single Premium Amount \_\_\_\_\_

### NOTES:

*(provide additional  
details i.e. 1035  
information,  
specific riders, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Producer Information

Writing Agent(s) \_\_\_\_\_

Agent Email: \_\_\_\_\_