

Life Quote Request

Please complete and return to Chez Santa Maria at chez@msinsentra.com

If you have questions, contact us: 480-563-2020 or info@msinsentra.com



MS INSENTRA LLC

Agent Information:

Name:

Phone:

Email:

Quote Need by Date:

Client Information:

Name:

Sex:

Date of Birth:

State of Policy Issue:

Anticipated Rate Class: Preferred Standard Substandard

Tobacco Use: Yes No

Underwriting Considerations:

Policy Type: UL IUL WL Term, if Term, what is the term length:

Concept (goal): Guaranteed DB Accumulation Systematic Income (Policy Loans)

If Policy Loan, what year to start policy loans?

Funding:

Desired Premium: Mode: Annual Monthly Other

Desired Length of Premium: ; Solve for Premium (must include desired face amount)

Face Amount: min, max, solve for desired: (must include desired premium)

Additional Notes: