



Client Information

Client Name (First & Last) _____

Age: _____

Underwriting: NS/P NS/S S/P S/S Uninsurable

State: _____

Spouse Name (First & Last) _____

Age: _____

Underwriting: NS/P NS/S S/P S/S Uninsurable

State: _____

Historical Information

Post-76 Taxable Gifts: _____

Prior Gift Taxes Paid: _____

Number of Annual Exclusions: _____

Amount of GST exemptions used: _____

Existing ILIT: Yes No

Type of Policy: Single Life Survivorship

Death Benefit: _____

Premium: _____ Years to Pay: _____

Cash Value: _____

Assets in ILITs: _____

Presenter Information

Presenter: (First & Last Name) _____

Company: _____

Address: _____

Address 2: _____

City: _____ State: _____

ZipCode: _____ Phone: _____

Fax: _____ Email: _____

Plan Information

Heir's Name: _____

Total Estate Value: _____

After/Tax Growth Rate of Estate Assets: _____ %

After/Tax Growth Rate of ILIT Assets: _____ %

Age of Youngest: _____

Child: _____

Grandchild: _____

Great-Grandchild: _____

Gifting Information

Use remaining GST exemption at death: Yes No

Private Split Dollar Funding Yes No

Gifting Options: _____

Enter all Gifts _____

Life Insurance Information

Product: _____

Single Life Survivorship

Protection UL-G Protection SUL-G

Performance UL Core Performance SUL

Accumulation UL Survivorship VUL

Protection VUL Whole Life

Accumulation VUL

Whole Life

Specify _____

Premium: _____ Number of Years: _____

Death Benefit: Solve Specified \$

Increasing or Level: _____

State: _____