

V-MAC Financial Services LLC

**Life insurance Quote Request Form**

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

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Male or \_\_\_\_\_ Female

State of Residence: \_\_\_\_\_

Amount of Insurance: \_\_\_\_\_

*If you know the amount of insurance you need, please skip the section titled "**Determine Amount of Life Insurance**"*

*If you do not know how much insurance you need or you would like me to help you determine how much you need, please complete the section titled "**Determine Amount of Life Insurance**"*

Payment Option: Annual \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_

Desired Term: Guaranteed \_\_\_\_\_ Non-guaranteed \_\_\_\_\_

Desired Length: 10 years \_\_\_\_\_ 15 years \_\_\_\_\_ 20 Years \_\_\_\_\_ 30 Years \_\_\_\_\_

Are you a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in the following riders?

Accidental Death Benefit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Waiver of Premium? Yes \_\_\_\_\_ No \_\_\_\_\_

Return of Premium? Yes \_\_\_\_\_ No \_\_\_\_\_

**Determine Amount of Life Insurance:**

Total annual income needed by your spouse/children in the event of your death: \_\_\_\_\_

Number of years that you would like to provide annual income to spouse/children: \_\_\_\_\_

Your annual gross income: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your spouse annual gross income (If applicable): \_\_\_\_\_

Would you like to pay off any outstanding debts (mortgage, loans, credit cards, college)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked "Yes", how much debt would you like to payoff? \_\_\_\_\_

Amount of Burial Expenses (funeral, probate, legal): \_\_\_\_\_

Total amount of your existing life insurance: \_\_\_\_\_