Please print legibly


Mail to:  P.O. Box 830619, Birmingham, AL 35283-0619
New Business Fax:  205-268-5807
Policy Revisions Fax:  205-268-3368

Date sent: _____________________________

Phone:  1-800-366-9378
Field Response Center
Sent by:  ☐ Mail  ☐ Express Mail  ☐ Fax

If desired, express mail to:  2801 Highway 280 South, Birmingham, AL 35223  ATTN:  New Business

Broker/Representative: _____________________________  Applicant: _____________________________
Broker/Representative # (Required): _____________________________
Broker/Representative Phone #: ( ) _____________________________
Broker/Representative Fax #: ( ) _____________________________
Broker/Representative Email Address: _____________________________
☐ BGA / Broker Dealer: _____________________________

This is a:  ☐ Replacement  ☐ 1035 Exchange  ☐ Conversion  ☐ Other Policy Change  ☐ LARGE CASE - $10,000 Annual Premium or greater (complete Large Case Supplement U-648)

Face Amount: $ _____________________________
Please print legibly

Issue Notes:  ☐ Save age at issue, if possible  ☐ Issue "BEST POSSIBLE" class

☐ 1035 Exchange Form (F-LAD-277)
☐ Release and Request Form
☐ 2 Page UL Exchange Disclosure (Policy Revisions Only) (U-593)
☐ Illustration
  ☐ Basic  ☐ Revised
☐ Conditional Receipt (PL-CR)
☐ Financial Statement (F-LAD-428)
☐ HIV Consent (Form # varies by state)
☐ Large Case Supplement (U-648)
☐ PAW Authorization (PL-104)
☐ Part 1 Application (including Part 1A Non-med) (PL-102)
☐ Payroll Deduction Authorization (PDA) (F-LAD-416)
☐ Premium/Cash with Application $ _____________________________
☐ Questionnaires
  ☐ Alcohol Usage (U-599)  ☐ Mountain/Rock Climbing (U-657)
  ☐ Aviation/Scuba/Racing (U-663)  ☐ Parachute/Sky Diving (U-601)
  ☐ Drug Usage (U-410)  ☐ Tobacco Usage (F-LAD-315)
  ☐ Foreign Travel & Residence (U-646)
☐ Authorization
  ☐ Regular  ☐ HIPAA
☐ Replacement Requirements
☐ Servicing Agent Letter (Policy Revisions Only)
☐ Premium Financing (SOLI/IOLI)
  ☐ Supplement to Life Application (F-LAD-408)
  ☐ Statement of Owner Intent (F-LAD-409)
  ☐ Trust Certification (F-LAD-410)
  ☐ Disclosure and Acknowledgment (F-LAD-411)
☐ Surrender Form (BL-102)
☐ TIADB Form (if required) (Form # varies by state)
☐ No Illustration (U-588)
☐ Voided Check

Delivery Requirements:
☐ Amendment
☐ Money
☐ Revised Illustration
☐ Other: _____________________________

State Specific Forms:
☐ Arbitration
  ☐ AL  ☐ MS  ☐ NV
☐ MN Guaranty Notice (U-503)
☐ PA Cost Disclosure (U-332-E)
☐ PA Surrender Index (U-332-F)
☐ Term Disclosure (CA and SC) (U-629)
☐ Temporary Life Receipt (KS and CA Only)

Requirements Ordered:
☐ Para-Medical Exam (PL-103)
☐ Full Blood Profile
☐ EKG (Resting/Treadmill)
☐ HOS
☐ APS DR: _____________________________
☐ Part 2 Medical
☐ Other: _____________________________

To expedite the processing of this application, please provide details of any significant medical history and include the name, address and phone number of the attending physician(s).

For questions regarding this transmittal, please contact:

Please include Name and Phone Number with Area Code

APPLICATION TRANSMITTAL

Broker/Representative: _____________________________
Applicant: _____________________________
Face Amount: $ _____________________________

For Existing Policy #  __________________________________
For Pending Policy #  __________________________________

For Companion Case  __________________________________

Save age at issue, if possible

For Companion Case  __________________________________

Broker/Representative Email Address: _____________________________

Broker/Representative Fax #:  ( ) _____________________________
Broker/Representative Phone #:  ( ) _____________________________

Other: ____________________________________

To expedite the processing of this application, please provide details of any significant medical history and include the name, address and phone number of the attending physician(s).

For questions regarding this transmittal, please contact:

Please include Name and Phone Number with Area Code

PLB-3394 5/11