



APPLICATION TRANSMITTAL

PLEASE PRINT LEGIBLY

Date Sent: _____

TO: [] PLB New Business [] IDG New Business [] IAD New Business [] Policy Revisions [] List Bill

Mail to: P.O. Box 830619, Birmingham, AL 35283-0619 Phone: 1-800-366-9378
New Business Fax: 205-268-5807 Field Response Center
Policy Revisions Fax: 205-268-3368 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): _____ Please print legibly
Broker/Representative Phone #: () _____ Face Amount: \$ _____
Broker/Representative Fax #: () _____ Issue Notes: [] Save age at issue, if possible
Broker/Representative Email Address: _____ [] Issue "BEST POSSIBLE" class
[] BGA / Broker Dealer: _____ [] For Companion Case _____
This is a: [] Replacement [] For Existing Policy # _____
[] 1035 Exchange [] For Pending Policy # _____
[] Conversion [] LARGE CASE - \$10,000 Annual Premium or greater (complete Large Case Supplement U-648)
[] Other Policy Change

PLEASE CHECK ALL ENCLOSED ITEMS

- [] 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)
[] Confidential Financial Statement (PL-405)
[] HIV Consent (Form # varies by state)
[] Large Case Supplement (U-648)
[] PAW Authorization (PL-104)
[] Part 1 Application (including Part 1A Non-med) (PL-402)
[] 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 (PL-600)
[] Foreign Travel & Residence (U-646)
[] Authorization
[] Regular [] HIPAA
[] Replacement Requirements
[] Premium Financing (SOLI/IOLI)
[] Supplement to Life Application (PL-701)
[] Statement of Owner Intent (PL-702)
[] Trust Certification (F-LAD-410)
[] Disclosure and Acknowledgement (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 (MN-1)
[] 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