



AG Quick Ticket Worksheet

E-mail: homeoff@llainc.com

Fax to: 1-866-248-0201

Agent Name _____ Agent Code # _____ Contact # _____
Writing Agent State License Number _____

Proposed Insured

Full Name _____ Social Security # _____ Sex: [] M [] F
Date of Birth _____ Home Phone _____ E-mail Address _____
Work Phone _____ Mobile Phone _____
Street Address _____ City _____ State _____ Zip Code _____
Personal Earned Income (Annual) \$ _____ Household Income (Annual) \$ _____ Net Worth \$ _____

Plan of Insurance

[] ROP [] Select-a-Term Duration _____ years [] Secure Lifetime GUL
Application State _____ Face Amount \$ _____
Premium Class Quoted: [] Preferred Plus [] Preferred Nontobacco [] Standard Plus [] Standard Nontobacco
[] Preferred Tobacco [] Standard Tobacco [] Special Nontobacco [] Special Tobacco
Reason for Insurance: [] Personal [] Business
Death Benefit Options: [] Level [] Increasing

Riders

[] Waiver of Premium [] Accidental Death Benefit: Amount \$ _____ [] Child Rider: Amount \$ _____ [] No Current Children
[] Terminal Illness Rider [] Disability Income Rider: Units _____ Occ Class [] 1 [] 2
[] Select Income Rider: Benefit Duration _____ Monthly Benefit Amount \$ _____
[] Other Rider/Benefits _____ [] Waiver of Monthly Deduction _____

Payment

Modal Premium \$ _____ Additional Initial Premium \$ _____
Payment Method: [] Direct Billing [] Bank Draft (authorization information will be collected by tele-interviewer)
Frequency of Payments: [] Annual [] Semi-annual [] Quarterly [] Monthly (Bank Draft only)
Save Age? [] Yes [] No

Beneficiary(ies) Individual

Primary Beneficiary _____ DOB _____ SSN _____ Relationship _____ Share _____%
Address _____ City _____ State _____ Zip _____ Phone _____
Primary Beneficiary _____ DOB _____ SSN _____ Relationship _____ Share _____%
Address _____ City _____ State _____ Zip _____ Phone _____
Contingent Beneficiary _____ DOB _____ SSN _____ Relationship _____ Share _____%
Address _____ City _____ State _____ Zip _____ Phone _____

Beneficiary/Owner Entity

Exact Name _____ Tax ID # _____
Address _____ City _____ State _____ ZIP _____
Current Trustee Name _____ Date of Trust _____
Corporate Officer Name _____ Title _____
Email Address of applicable Trustee or Corporate Signer _____
Relationship to Proposed Insured _____ Type of Entity (SCorp, CCorp, DBA, etc.) _____



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Owner Individual

First Name MI Last Name Gender M F
SSN DOB Relationship to Proposed Insured
Driver's License yes no License State Number
U.S. Citizen yes no If no, Country of Citizenship Date of Entry
Visa Type Exp. Date
Address City State ZIP
Primary Phone Email

Existing Insurance/Replacements

Does the proposed insured have any existing or Pending Insurance? Yes No

Table with 8 columns: No., Policy Number, Year of Issue, Coverage (see below), Benefit Period (if DI), Type (see below), Coverage Being Replaced?, 1035 Exchange?. Includes rows for existing policies with fields for Company Name, Amount of Coverage, and Proposed Insured Name.

Coverage: LI=Life, H=Health, A=Annuity, LT=LTC, DI= Disability Income Type: i=individual, b=business, g=group, p=pending

Reminder: Replacement situations can be submitted using AG Quick Ticket in all states except: AR, NY & WY.

Agent Attestations

By checking the I AGREE box below, I confirm that the agent has stated the following: (1) the agent is a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered, (2) the plan and amount or insurance identified is suitable in view of the owner's insurance needs and financial objectives, (3) the information provided is complete, accurate and correctly recorded, and (4) all required forms have been provided to the applicant.

I authorize the Carrier's fulfillment center representative to obtain such administrative information as may be necessary to complete any life insurance resulting from this lead submission, provided, however that any item of information or question from owner or proposed insured requiring the act or advice of a licensed life insurance agent will be referred to the agent for action before the application can be completed.

The agent will personally review the application created from this data and administrative information provided by the proposed insured and contact him or her concerning any incomplete or inconsistent information and the agent will not deliver the policy unless the agent has completed his review and is satisfied that the policy, application and all attached papers, if any are complete and accurate.

The agent has confirmed that all forms required to be delivered at time of solicitation have been delivered and all other forms (including buyer's/privacy notices, if necessary) required have been or will be provided to the applicant.

I acknowledge that checking the I AGREE box below constitutes the licensed agent's signature on the forms and has the same effect as if s/he personally signed the forms.

- Are you aware of any other information that would adversely affect the Primary Proposed Insured's eligibility, acceptability, or insurability?
- Does the Primary Proposed Insured have any existing or pending annuities or life insurance policies?
- Are you the writing agent?
- Is more than one application being submitted at this time or pending for the Proposed Insured(s), family members, or business associates? (If yes, provide details)

I Agree

Agent signature Date