

LIFE QUICK REQUEST WORKSHEET

This Worksheet cannot be used for NY when any question on form NY-1887 is answered "Yes."

PROPOSED INSURED INFORMATION Will the Proposed Insured require a Spanish Translator? Yes No

First Name _____ Middle _____ Last _____ Maiden: _____

Male Female Social Security Number _____ Date of Birth _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Ext. _____ Evening Phone _____

PROPOSED OWNER INFORMATION (if different from the Proposed Insured) *Please see Overflow page if additional space is needed.*

Full Name _____ SSN or TIN _____ Date of Birth/Trust _____

Relationship _____ Owner is: Partnership Individual Corporation Trust Other (Specify) _____

POLICY INFORMATION

Solicitation State _____ Policy Delivery State _____ Death Benefit Amount \$ _____

Premium Mode Direct Bill: Annual Semi-Annual Quarterly or PAW Monthly Modal Amount Quoted \$ _____

Company: GLIC (Sure Term®) GLAIC (Colony) GLICNY (Term) Term Period: 10 years 15 years 20 years 30 years

Optional Riders: (when available) Children's Insurance (____ Number of Units) (Term only, 1 unit = \$1,000 of coverage) Waiver of Premium

Will the Proposed Insured want a Temporary Insurance Application and Agreement (TIAA) issued at time of completing the application? Yes No

Note: Must complete the TIAA Worksheet and submit with this Worksheet. Not available in NJ.

PROPOSED INSURED HISTORY

Mark the one item that best describes the Proposed Insured's history of tobacco and other nicotine product use:

Never Used Totally Stopped Use Now

If "Totally Stopped," indicate number of years since totally stopped: Less than 1 1 or more/less than 2 2 or more/less than 3
 3 or more/less than 5 5 or more

Has the Proposed Insured had, been treated for or been diagnosed by a Healthcare Professional as having: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does the Proposed Insured have any other health problems, habits, or hobbies that may affect insurability. (If yes, preferred rates are unlikely.): Yes No

This information is requested solely for the purpose of assisting the general agent in providing a quote and obtaining pertinent underwriting information.

PURPOSE OF INSURANCE

If Personal: Income Replacement Debt Repayment Estate Conservation Other, Please Specify _____

Gross Annual Income \$ _____ Total Assets \$ _____ Total Liabilities \$ _____

If Business: Buy-Sell Key Employee Secure Credit Other, Please Specify _____

Total Assets \$ _____ Total Liabilities \$ _____ Net Worth \$ _____

What percentage of the business do you own? _____ % Gross Annual Salary (include bonus) \$ _____

Is business insurance applied for or in force on other key members of the business? Yes No

BENEFICIARY INFORMATION (If percentage shares are not given, they will be equal.) *Please see Overflow page if additional space is needed.*

| | | | | |
|---|---------|----------------------------------|---------------|-----------------------------------|
| Primary: (Full Name and Address) | % Share | Relationship to Proposed Insured | SSN or Tax ID | Date of Birth/Trust (Mo./Day/Yr.) |
| <input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address) | % Share | Relationship to Proposed Insured | SSN or Tax ID | Date of Birth/Trust (Mo./Day/Yr.) |

REPLACEMENT INFORMATION

A. Yes No Does the Proposed Insured/Owner have any existing life insurance or annuities? **If yes - complete questions B-F**

B. Yes No Will the insurance applied for replace, end or change any existing life insurance or annuities?

C. Yes No Is Proposed Insured/Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating the existing policy or contract?

D. Yes No Is the Proposed Insured/Owner considering using funds from existing policies or contracts to pay premiums due on the new policy or contract?

E. The Proposed Insured/Owner declined to have had the Agent read the "Important Notice: Replacement of Life Insurance or Annuities" form to them.

F. Please provide information on the existing policy. If more than one policy exists, use *Life Quick Request Overflow Worksheet*.

1. Name of Company: _____ To be replaced: Yes No Policy Number: _____ Year Issued: _____

Amt. \$ _____ Type of Existing Policy: Term Universal Life Annuity Beneficiary: _____

Type of exchange of existing coverage (e.g. lapse policy, loan or surrender): _____

Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider): _____