

Insurance and risk management solutions that make sense

26477 Rancho Parkway South Lake Forest, CA 92630 Melissa@MelissaShawPlanner.com MelissaShawPlanner.com **800-729-6344 949-699-1662** Fax 949-699-1069

Please fax, mail or scan/email this completed Proposal Request to our office.

Proposal Request

Client Nam	e:					
Height:	Weight:	Date of Birth:	Age Last:	Age Nearest:	Smoker	
Annual Income if available: \$			Occupation or Job:			
Health Histo	ory or Comments:					
Spouse Nar	ne:					
Height:	Weight:	Date of Birth:	Age Last:	Age Nearest:	Smoker	
Annual Income if available: \$			Occupation or Job:			
Health Histo	ory or Comments:					
# of Childre	en Name(s)					
Date of Birt	h					
Age:						
Life Insur	ance					
Face Amount \$			Term Insurance:			
Product:			☐ 10 year	□ 15 year □ 20 yea	r 🔲 30 year	
Premium \$			Add'l Pour In \$ Year 1:			
☐ Ten Pay				Death Benefit:		
☐ Pay to Age 65			☐ Option A-	☐ Option A-Level		
☐ Vanish Premium Yr.			☐ Option B-Increasing			
☐ Income @ Age:			☐ Dividend Option			
Company to	o Illustrate:					
Client Email:			Phone:			
Mailing Address:			Date:			