TELESALES INTAKE FORM

(To be used with Inbound Hail Mary Script @ lifeagenttools.wixsite.com/online "Remote Portal Page")

1. Date of Presentation:

2. Name (As on ID):

3. Reason for Insurance (Circle all that apply):

Final Expenses (Cremation / Burial) *Income Replacement* *Legacy Purposes*

4. Current Coverage / Savings to Cover Expenses (Circle all that apply):

Existing Life Insurance Policy *Investments / Savings* *No Coverage*

5. BENEFICIARY

Beneficiary Name | Relation | Date of Birth | Phone# (Collect during application)

6. Date of Birth: **US Citizen / Resident?** *Y / N* **Tobacco:** *Y / N* **Height:** **Weight:**

7. HEALTH CONDITIONS & MEDICATIONS

Health Condition | What year were you diagnosed/cured? | What Medications? | Year of First / Last Fill

8. Background (Circle all that apply): *DUI / Felony / Incarcerated / Parole / Lic. Suspension?*

If *YES*, Date of:

9. Monthly Income Source (Circle all that apply):

Monthly Income:_____ *Employment* *Social Security* *Disability* *Pension* *No Income*

10. Banking Type: *Credit Union / Bank / Card*

Phone#_____
Address:_____
City/State/Zip_____
Email:_____
Social Security#:_____
Driver's Lic/ID State/#:_____
Bank Name:_____
Bank Routing#:_____
Bank Account#:_____
Card#:_____
Card Expiration Date:_____
3 Digit CVC#:_____

Plan Type:_____
Company:_____
Policy#:_____
Coverage:_____
Mo. Premium:_____
Effective Date:_____
Mo. Draft Day:_____

NOTES

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Phone#_____
Address:_____
City/State/Zip_____
Email:_____
Social Security#:_____
Driver's Lic/ID State/#:_____
Bank Name:_____
Bank Routing#:_____
Bank Account#:_____
Card#:_____
Card Expiration Date:_____
3 Digit CVC#:_____

Plan Type:_____
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