Intake Form For PRU

Writing Agent Name(s): _____

Split: _____

For agent use only.

Name Last First MI ❑ Male ❑ Female

Street

City | State | Zip

Social Security Number | Occupation

Birthdate

Home Phone ( ) | Cell Phone ( ) | Business Phone ( )

Email:

Where do you wish to be reached for additional information?
❑ Home ❑ Work ❑ Cell

❑ 8 am -12 pm ❑ 12 pm - 4 pm ❑ 4 pm - 6 pm ❑ 6 pm - 8 pm

Initial Death Benefit $

Plan of Insurance: _____

Riders: ❑ WP ❑ ADB ❑ CTR ❑ Other: _____
Indicate Amount for Riders: $ _____

Mode of Premium Payment: ❑ Annual ❑ SA ❑ Qtrly ❑ PAC

Rate Class Quoted: _____ Premium Quoted: _____

Owner, if other than proposed insured

Owner's relationship to Proposed Insured

Primary Beneficiary (name, relationship and percentage)

Contingent Beneficiary (name, relationship and percentage)

Will this policy replace or change any existing life insurance or annuity in force? ❑ Yes ❑ No

Does the applicant have existing life insurance policies or annuity contracts other than group insurance in force? ❑ Yes ❑ No

If yes, list below:

Company Names	Face Amount	Year Issued	To Be Replaced?
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

Do you have an application pending in another company? ❑ Yes ❑ No

Has Proposed Insured used tobacco in any form in the past 12 months? ❑ Yes ❑ No 36 months? ❑ Yes ❑ No
60 months? ❑ Yes ❑ No

Purpose of Insurance

Personal

- ❑ Survivor Income
- ❑ Estate Liquidity
- ❑ Charitable Giving
- ❑ Debt/Mortgage Protection
- ❑ Supplemental Retirement Income
- ❑ Final Expenses
- ❑ Asset Repositioning/Wealth Transfer
- ❑ Other _____

Business

- ❑ Business Continuance
- ❑ Loan Indemnification
- ❑ Key Person

Executive Benefits

- ❑ SERP/Deferred Compensation
- ❑ Restrictive Bonus
- ❑ Split Dollar
- ❑ Executive 162 Bonus

Would you like to bind coverage, make the initial premium payment via ePay, and obtain a Limited Insurance Agreement? ❑ Yes ❑ No

IF YES:

Within the past 90 days, has the client been hospitalized or been advised by a member of the medical profession that he or she needs hospitalization for any reason (other than for normal pregnancy or well-baby care)?
❑ Yes ❑ No

Within the past 12 months, has the client received treatment or advice from a member of the medical profession for heart disease, chest pain, stroke or cancer (except skin)?
❑ Yes ❑ No

Has the client been issued a Prudential/Pruco policy within the past 3 months**?** ❑ Yes ❑ No

If so, what is the policy number that you would like to use the requirements/declaration from? _____

Has the health, mental or physical condition of the proposed insured changed since the answers and statements were given in the above application? ❑ Yes ❑ No

Is the Proposed Insured an active duty service member of the United States Armed Forces (including National Guard and Reserve)? ❑ Yes ❑ No

Is the policyowner, or the person to whom this policy was sold, an active duty service member of the United States Armed Forces (including National Guard and Reserve)? ❑ Yes ❑ No

Permission to Obtain Additional Information for Carrier

Can we contact the client directly if more information is required by the carrier? ❑ Yes ❑ No

Agent Report

Source of funds used to pay premiums:

	Initial	Future
Current Income	❑	❑
CDs or savings	❑	❑
Mutual funds or brokerage account	❑	❑
Existing life insurance policy(ies) or annuity	❑	❑
contract(s) 1035 Exchange	❑	❑
Other	❑	❑
	_____	_____

If existing Life Insurance or Annuities, what is the policy number(s) for the source of the premiums?

_____

Will any of the policies cease to exist? ❑ Yes ❑ No

What is the form of the proceeds for the above policy(ies)?

❑ Accumulated dividends ❑ Loans ❑ Partial surrender or withdrawal

Did you see the proposed insured during the sales process? ❑ Yes ❑ No

Do you intend to deliver the policy face to face? ❑ Yes ❑ No

Is the proposed insured a prior client of yours? ❑ Yes ❑ No

Knowledge of Proposed Insured:

- ❑ Self
- ❑ Relative
- ❑ Have never met - Please provide how the solicitation took place: _____

  _____
- ❑ Know slightly ❑ Internet or phone sale ❑ Ticket Process ❑ Direct Mail ❑ Referral
  ❑ Financial Planner/CPA/ Attorney Recommendation ❑ Walk in ❑ Other
- ❑ Known well for ____ years at HOME / BUSINESS
- ❑ Other

Do you have an exam from a prior application with another carrier (must be within the last 12 months)?

❑ Yes ❑ No

Producer Attestation

I certify that:

The solicitation or sale did NOT take place on a military base or other Department of Defense (DOD) installation.

I have no knowledge of any factors which may have a negative effect on the proposed insured's insurability.

I have given the Important Notice about Your Application for Insurance to the proposed insured, OR
I have supplied the email address for the electronic delivery of the Important Notice About Your Application for Insurance to the proposed insured.

I provided the policyowner with the brochure "What every consumer should know about life insurance" and answered any questions they had about the purchase;

If required by state regulation, I have read the Important Notice Regarding Replacement aloud to the applicant or the applicant did not wish the notice to be read aloud.

If this is a replacement: I have discussed the advantages and disadvantages of the replacement with the client and determined that the transaction is appropriate and I have completed the state-required replacement form(s).

I have no other information, other than as previously reported, that the proposed insured has existing life insurance or annuities or that indicates this coverage may replace or change any current insurance or annuity in any company.

If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application but before policy delivery, I promise to inform the Company of the change and agree to withhold policy delivery until instructed by the Company.

CA: The CA Disclosure Statement was provided to the policyowner in accordance with CA Insurance Code section 789.8

PA: The Disclosure Statement as required by the Commonwealth of Pennsylvania Insurance Department was delivered to the Policyowner.

VT: If the policy applied for is a charitable gift, I have provided the Charitable Life Gifts Disclosure form to the Proposed Insured.

NY: I have fully discussed and explained the life insurance features and charges including restrictions to the applicant. I represent that:

(a) this life insurance is suitable and in the best interest of the applicant in accordance with New York Insurance Regulation 187,
(b) at or before the time of recommendation, I provided to the applicant all disclosures required under New York insurance regulations, including disclosing, in a reasonable summary format, all relevant suitability considerations and product information, both favorable and unfavorable, that provided the basis for my recommendation, and
(c) I have a reasonable basis to believe that the applicant has the financial ability to meet the financial commitments of the policy.

All of the above statements are true and accurate.

Agent Signature: _____ ❑ **I AGREE**