

FCS LifeExpress

Insurance Request Form

Customer Information

Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Preferred Phone: _____ Alternate Phone: _____
Best time to call: 8:00^{AM}-12:00^{PM} 12:00^{PM}-4:00^{PM} 4:00^{PM}-8:00^{PM}
Fax: _____ Email: _____

Insurance Information

Life Insurance Needs:

Not Sure Already Determined \$ _____ Existing Life Insurance \$ _____

Term Length: 5 years 10 years 15 years 20 years 30 years Permanent

Protection For: (check all that apply)

Loan Protection Income Replacement College Funding Estate Planning

Does Return of Premium appeal to you? Yes No

Are you currently prescribed any medications: Yes No
If so, please list:

Proposed Insured's Tobacco/Nicotine Use:

Never Used Use Now Totally Stopped If stopped, how long ago? _____

Height _____ ft _____ inches Weight _____ lbs.

Any known health conditions that may effect underwriting? Please explain:

Additional/General comments:

To Be Completed by Association

CIF: _____ Loan # _____
Association: _____ Branch: _____
Contact Person: _____ Loan Officer
Name/Number: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____