

Request for Proposal (RFP)

Date: _____ Principal agency/BGA partner office: _____

Proposals will NOT be provided without an indication of a valid Principal agency or BGA relationship.

Producer Information & Delivery

Producer name: _____

☐ CFP® ☐ CLU® ☐ ChFC® ☐ CEBS ☐ LUTCF ☐ Other: _____

Producer contacts: Email: _____ Phone: _____

Mailing address: _____

Principal Wholesaler: _____

Should anyone else (Producer or BGA) receive this proposal?

Name: _____

Email address: _____

Please allow a 5 business day turnaround time from receipt of RFP on all proposals.

Questions can be sent to terrig@DBS-lifemark.com or call 800-869-1327 ext. 230

E-mail RFP to: terrig@DBS-Lifemark.com

Proposal Inputs

Name	DOB	Underwriting Class	Tobacco Status
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Client: _____

Spouse: _____

Number of children: _____ Type of business: ☐ Business ☐ Farm/ranch Issue State: _____

Value of business or farm/ranch assets: _____ Value of other assets: _____

Existing life insurance: Type: ☐ Single life universal life ☐ Survivorship universal life Death benefit: _____

IMPORTANT: Complete Children Census on page 2.

Children Census Information *(If > 8 children, attach spreadsheet or send electronically)***Child 1**

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 2

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 3

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 4

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 5

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 6

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 7

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%

Child 8

Name: _____

Date of birth: _____ Sex: _____ Risk class: _____

Desired future ownership in business/farm/ranch: _____%

Desired future ownership of other assets: _____%

Percent of beneficiary for existing life insurance: _____%