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ILLUSTRATION REQUEST (TERM LIFE)

Agent Information:

Name: _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

Client Information #1:

Name: _____ Male / Female DOB: _____ Age: _____
Non-Smoker / Smoker *Type of Tobacco:* Cigarettes / Cigar / Pipe / Chew
Desired Class: Super Preferred / Preferred / Standard / Impaired Risk (Explain Below)
Amount: #1 \$ _____ #2 \$ _____ #3 \$ _____
Duration: 10 Year / 15 Year / 20 Year / 30 Year / Other _____

Client Information #2:

Name: _____ Male / Female DOB: _____ Age: _____
Non-Smoker / Smoker *Type of Tobacco:* Cigarettes / Cigar / Pipe / Chew
Desired Class: Super Preferred / Preferred / Standard / Impaired Risk (Explain Below)
Amount: #1 \$ _____ #2 \$ _____ #3 \$ _____
Duration: 10 Year / 15 Year / 20 Year / 30 Year / Other _____

Would you like United Producers to recommend a company? YES / NO

How would you like to receive these illustrations? (Circle one) FAX / EMAIL / MAIL

Additional Information:
