



RSG LifeSolutions, LLC

Life Insurance Quote Information

Agent _____ State of Sale: _____ *PLEASE FAX TO 515.661.6241
 Agent phone: (____) ____ - _____ Email/Fax _____ Male/Female

Client Profile:

Client Name: _____ DOB: ____ / ____ / ____
 Tobacco use? Type? _____ How often? _____ If stopped when? _____
 Heart/CAD history: _____ Details: _____
 If Cancer what type? _____ Treatment and dated ended: _____
 Diabetes: Oral or insulin: _____ Age of onset: _____
 Current height/weight: _____
 Did parents/siblings die of cancer/Heart/CAD before 65? Details: _____

All prescription medicines taken in the last 12 months, and what for? _____

Death Benefit applied for: _____
 Type of plan applied for (if term how long): _____ Riders: _____
 Company you would like to use? _____ (or you can put best available)
 Are you replacing coverage? _____ How much? _____ What Premium? _____
 Surrender Value of existing insurance: _____
 Clients goals: More DB Less premium Family protection Estate protection
 Lifetime guarantee Max cash value

Comments: _____

Do you have an in force illustration? _____ If so please attach

Benefits to be quoted:

Premium you want quoted: _____

Paid Up Option: _____

Pay Mode: Single: Annual: Semi-Annual: Quarterly: Monthly:

Please obtain an in force illustration whenever possible by calling the clients current company with the policy owner and have one faxed to your fax number.

REVISED (5/27/10) Quote Purposes only – Not an application for coverage

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www.rsgagents.org/lifesolutions.aspx
www.retirementsolutionsgroup.com