

# Rapid Request



Fill out the following request form to initiate the Rapid Request process. Rapid Request is available in all states except: CO, FL, KY, LA, MS, MT, NV, NJ, NM, NC, RI and WV.

## 1. PRIMARY INSURED

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Single  Married **Birth Date** Mo./Day/Year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Sex** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_ **Best Time to Call** \_\_\_\_\_

## 2. OWNER INFORMATION (Complete only if other than Primary Insured)

Name of Owner(s) (If Trust, list all Trustees as well as Name and Date of Trust)

\_\_\_\_\_

Address \_\_\_\_\_

Relation to Primary Insured \_\_\_\_\_ Owner's Social Security or Tax ID# \_\_\_\_\_

## 3. COVERAGE REQUESTED(Product) \_\_\_\_\_ Face or Specified Amount \$ \_\_\_\_\_

**Underwriting Class Quoted** \_\_\_\_\_ (Best class available will be issued, subject to underwriting)

## 4. BENEFIT/ RIDERS

Waiver of Premium  Child \_\_\_\_\_ Units

### Agent Certification

Does the proposed insured have any existing life insurance or annuities?  Yes  No

Is any insurance being applied for intended to replace any existing life insurance or annuity?  Yes  No

If a replacement is involved, applicable Replacement Notice must be sent to the existing insurer. Replacement questions will also be secured during the application process.

**Signature of Soliciting Agent x** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Agent Name \_\_\_\_\_ Agent Code # \_\_\_\_\_

Print Other Agent Name (if applicable) \_\_\_\_\_ % Credit \_\_\_\_\_ Agent Code # \_\_\_\_\_

### Proposed Insured

Does the proposed insured have any existing life insurance or annuities?  Yes  No

Will the insurance being applied for replace or change any existing life insurance or annuity contract?  Yes  No

If you have been issued a Temporary Insurance Agreement(TIA), that TIA is effective only as provided for in the TIA and is contingent upon all the terms being fulfilled.

Proposed Insured Signature (For face-to-face sales only.) \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name \_\_\_\_\_

FAX To: North American Company (800) 951-9430.