

**THIS IS NOT AN APPLICATION FOR LIFE INSURANCE**  
 For agent use only, please submit to your General Agent

**Proposed Insured Information**

Full Name (*First, Middle, Last – Include Maiden Name*): \_\_\_\_\_  
 Home Address (*Number, Street, City, State, Zip Code*): \_\_\_\_\_  
 Phone: Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Best time to call: \_\_\_\_ : \_\_\_\_ <sup>am</sup>/<sub>pm</sub>  
 Email: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
 Gender:    Female        Male        Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Government ID:    Driver's License    State ID    Permanent Resident Card    None  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
 Permanent Resident Card #: \_\_\_\_\_ State ID #: \_\_\_\_\_  
 If only a Permanent Resident Card or State ID holder, reason for no valid Driver's License:  
 \_\_\_\_\_

**Owner/Applicant Information**

Proposed Insured is Owner

Type:    Individual    Corporation    Trust    Sole Proprietorship    Partnership  
 Other (Specify): \_\_\_\_\_

**Location of Sale** City: \_\_\_\_\_ State: \_\_\_\_\_

**Product Information**

Product  
 Level Term:    10 Yr    15 Yr    20 Yr    25 Yr    30 Yr  
 Whole Life:    SL    L10    L15    L20    L@65    SPL  
 Other: \_\_\_\_\_

**Coverage/Riders/Additional Benefits**

Face Amount: \_\_\_\_\_  
 Child Insurance Rider: \$ \_\_\_\_\_  
 Waiver of Premium Rider  
 WL Term Insurance Rider Plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_

**Rate Classification Applied For**

Non-Nicotine	Nicotine
Preferred Plus Non-Nicotine	Preferred Nicotine
Preferred Non-Nicotine	Standard Nicotine
Select Non-Nicotine	
Standard Non-Nicotine	

Annual Premium \_\_\_\_\_

 Desired Mode:    Annual    Semi-Annual    Quarterly    Monthly (*EFT Only*)

In order to submit the ZipApp Ticket, all questions must be answered and the completed ticket be signed by the writing agent.

Thank you for considering SBLI as your potential carrier. To assist us in delivering the best client experience, we ask that you review and complete the high level screening questions below. If you would like to ask specific underwriting questions please contact our underwriting help desk at [quickquote@sbli.com](mailto:quickquote@sbli.com).

1. Has your client been declined for life insurance by another carrier within the last 24 months?

Yes No

2. Does your client have a history of criminal activity other than simple misdemeanors?

Yes No

3. Is your client currently disabled, or collecting SSI related benefits?

Yes No

4. Does your client have a medical or psychiatric history complex? For example:

- AID/HIV+
- Cognitive Impairment
- Any medical or psychiatric condition that impacts functionality or ability to work or complete daily activities
- A recent cancer diagnosis
- Significant cardiac disease
- Taking medications such as Opioids or Narcotics

*\*Requests for applicants that answer "yes" with any of these types of conditions should be directed first to the SBLI QuickQuote team at [quickquote@sbli.com](mailto:quickquote@sbli.com)*

Yes No

5. Has your client had filed for bankruptcy within the last two years or have unresolved judgements/liens in excess of \$50,000?

Yes No

*\*If any of these questions are checked "Yes", please contact your General Agency for further direction.*

*\*Please Note: Clients over the age of 50 that do not have routine wellness care will not be eligible for coverage. (Routine care includes at least Bi annual exams with a family physician)*

**Compliance Information & Producer Certification**

6. Does the proposed insured intend to apply for a Conditional Coverage?    Yes    No
7. Indicate if any preprinted or electronically presented company approved sales materials were used during the sales process. (List the sales material or check "None").  
 \_\_\_\_\_ None
8. Do you have any knowledge or reason to believe that the proposed Owner, Applicant or Insured has been offered any financial incentives as an inducement to apply for this proposed policy?    Yes    No
9. Do you have any knowledge or reason to believe that the proposed Owner or Applicant intends to change ownership of the policy now or in the future to an unrelated party such as a trust, viatical, life settlement company, bank and/or lending or investment company?    Yes    No
10. Do you have any knowledge or reason to believe that all or any part of the initial or future premium payments for this applied for policy may be directly or indirectly financed by an unrelated third party or be part of any loan arrangement?    Yes    No
11. Does the Applicant have existing life insurance policies or annuity contracts? (Do not include Group) Yes    No

	<i>Existing Insurer Name</i>	<i>Face Amount</i>	<i>Replacing</i>		<i>Financing</i>	
i.	_____	_____	Yes	No	Yes	No
ii.	_____	_____	Yes	No	Yes	No
iii.	_____	_____	Yes	No	Yes	No

12. Is the insured considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating his/her existing life insurance policy or contract?    Yes    No
13. Is this Insurance applied for intended to replace, end or change any existing life insurance or annuity or is the insured considering using funds from an existing policy or contract to pay premiums due on the new life insurance policy or contract?    Yes    No
- a. If yes, reason for replacement: \_\_\_\_\_
- i. *Florida Applicants Only*  
 Does the applicant wish to receive a Comparative Information Form from the proposed company and her/his existing insurer?    Yes    No
- ii. *Delaware & Georgia Applicants Only*  
 Does the applicant wish to receive a policy summary statement from her/his existing insurer?  
 Yes    No
- iii. *Oklahoma Applicants Only*  
 Does the applicant wish to notify her/his present insurer of this transaction?    Yes    No

iv. Arkansas Applicants Only

Current Policy	Contract-Proposed	
_____	_____	Policy Contract Number
_____	_____	Premium Amount
_____	_____	Contract Value
_____	_____	Surrender Value
_____	_____	Death Benefit
_____	_____	Interest Rate & Guarantee Period
_____	_____	Minimum Accumulation & Interest Rate
_____	_____	Surrender Charge in Years
_____	_____	Charge Percent Per Year
_____	_____	Years Remaining
_____	_____	If free withdrawals are available list % and options
_____	_____	List significant policy or contract provisions

v. Washington Applicants Only

1. Can there be reduced benefits or increased premiums in later years?    No    Yes, explain  
\_\_\_\_\_
  2. Are there penalties, set up or surrender charges for the new policy?    No    Yes, explain  
(emphasizing any extra cost for early withdrawal): \_\_\_\_\_
  3. Will there be penalties or surrender charges under the existing insurance as a result of the proposed transaction?    No    Yes, explain: \_\_\_\_\_
  4. Are there adverse tax consequences from the replacement under current tax law?    No    Yes  
If yes, explain: \_\_\_\_\_
  5. Are interest earnings a consideration in this replacement?    No    Yes, explain  
\_\_\_\_\_
- \* If "yes" explain what portions of premiums or contributions will produce limited or no earnings. As pertinent, include in your explanation the need for minimum deposits to enhance earnings, and reduction of earnings that may result from set-up charges, policy fees and other factors.
6. Are minimum amounts required to be on deposit before excess interest will be paid?  
No    Yes, explain: \_\_\_\_\_
  7. If the new program is based on a variable or universal life insurance policy or single-premium policy or annuity:
    - i. Are the interest rates quoted before \_\_\_\_\_ or after \_\_\_\_\_ fee and mortality charges have been deducted?
    - ii. Interest rates are guaranteed for how long? \_\_\_\_\_
    - iii. The minimum interest rate to be paid is how much? \_\_\_\_\_
    - iv. If applicable, the rate you pay to borrow is \_\_\_\_\_ and the limit on the amount that can be borrowed is \_\_\_\_\_
    - v. The surrender charges are \_\_\_\_\_
    - vi. The death benefit is \_\_\_\_\_

vii. Are there other short or long term effects from the replacement that might be materially adverse?

No Yes, explain: \_\_\_\_\_

14. I understand that there is other important information that I am required to read to the applicant concerning a potential replacement of his/her policy. Was the Important Notice either read to the applicant or was the reading of the Important Information waived by the applicant? Yes No

**List all additional details/explanations/comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you received relevant anti-money laundering training within the last 24 months that was offered by the company, another life insurance company or a competent third party (e.g., LIMRA)? Yes No

16. Do you acknowledge that you are in compliance with your requirements as stated in the company's Producer's Guide to Anti-Money Laundering (AML) and are unaware of any AML Red Flags as described in your AML training? Yes No

**ALL WRITING AGENTS MUST COMPLETE THE FOLLOWING SECTION**

Yes, I certify that by affixing my signature below that all of the responses (above and below) herein are, to the best of my knowledge, information and belief complete and accurate.

This policy has not been solicited, directly or indirectly for the benefit of an investor, stranger or unrelated third party.

That I am duly licensed in the state in which this application was signed.

That I have given the Proposed Insured the appropriate disclosure documents and have complied with state and federal statutes and regulations. I have reviewed the purchase of the life insurance policy as to suitability.

That I have explained to the applicant that no insurance has been bound based on the completion of this ZipApp.

Writing Agent Name: \_\_\_\_\_ Agent code: \_\_\_\_\_ Commission %: \_\_\_\_\_

Additional Agent Name: \_\_\_\_\_ Agent code: \_\_\_\_\_ Commission %: \_\_\_\_\_

Additional Agent Name: \_\_\_\_\_ Agent code: \_\_\_\_\_ Commission %: \_\_\_\_\_

Additional Agent Name: \_\_\_\_\_ Agent code: \_\_\_\_\_ Commission %: \_\_\_\_\_

Writing Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS NOT AN APPLICATION FOR LIFE INSURANCE**

The information on this form must be entered into the online ZipApp.

If a GA account is not set up with ApplcInt, please contact

brokerage@sbli.com.