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For an accurate proposal, please complete form as much as possible before submitting.

FROM: TO: Date: Need By: Producer's Name: Pick up: Phone: Fax: Email: Mailing Address:

Client Name: Gender: Date of Birth: Client Lives (State): Where app will be signed (State): Height: Weight: lbs. Any weight change (+/- 10 lbs) in last 12 mths? Occupation: Exact Duties: Percent of: Admin. Manual Sales Supervision Supervision (over whom?) Work-related and/or recreational activities, hobbies, or avocations that might be considered hazardous? Any significant medical history, chiropractic visits, doctor appointments, hospitalizations, surgeries (past or planned)? If so, explain: List all medications: Any current or past treatment (medication and/or counseling) for depression, anxiety, stress, or any other mental/nervous history? If so, explain: Nicotine Usage in the last 12 months? (Including cigarette, e-cigarette, cigar, pipe, chew, vape, patch, & nicotine gum): If yes, what type(s)? If yes, ever test positive for insurance exam? Current In-force Coverage Amount: Current Type: Personal taxable earned income on last 2 year's tax return: For All W-2 Employees: Business Owner or Self Employed: Type of Business Entity: Any other comments, underwriting concerns, or other important details?

POLICY TYPES: Individual Disability Income Business Overhead Expense Disability Buy Out Key-Person Replacement Business Loan Protection Retirement Savings Protection

INDIVIDUAL DISABILITY INCOME: Desired Monthly Amount or Maximum: Elimination Period (days): Benefit Period: Optional Riders: BUSINESS OVERHEAD EXPENSE: Monthly Amount(s): Elimination Period (days): Optional Riders: Other: DISABILITY BUYOUT: Desired Benefit Amount: Elimination Period (days): Benefit Combinations: Monthly Benefit Factors: KEY-PERSON REPLACEMENT: Lump Sum: Benefit Amount (Max 3x Salary up to \$500k): Elimination Period (days): Monthly Payment Combination: Benefit Amount (Max 3x Salary up to \$750k): Elimination Period (days): BUSINESS LOAN PROTECTION: Purpose of the loan is to purchase: Other (please specify): Monthly Amount of Loan Payment (Max \$20k/month): Initial Monthly Loan Payment Date: Loan Pay Off Date: Loan Obligation Shared with Anyone? Ownership %: RETIREMENT SAVINGS PROTECTION: Monthly Benefit Amount (15% of monthly income up to \$4,555 self pay): Elimination Period (days): Benefit Period: NOTE: Business Ownership Greater Than 50% Not Eligible NOTE: Minimum Income \$76k to qualify

SUBMIT

Understanding Insurable Income and Income Documentation

ENTITY	INDIVIDUAL D.I.	BUSINESS OVERHEAD EXPENSE	DISABILITY BUY OUT	WHAT INCOME FIGURE TO USE	EMPLOYER-PAID LIMITS
Students, Residents, New Professionals	None Required	New in private practice professionals, call us.	Not available	Special Company Limits	Not eligible for employer - paid limits.
Non-Owner Employee	Complete Form 1040 for most recent year including all schedules and W 2's of the proposed insured OR If income is from salary only, provide copy of paystub showing a minimum of six months of YTD income OR If 1099 income: complete 1040 to include Schedule C	Not available	Not available	W-2 box #5 labeled "Medicare Wages and Tips" OR Project year to date salary to determine annual income. Do not project commissions or bonuses. ³ OR 1099's report income from independent contractors. Most likely filed under a Schedule C, but may be reported as "other income"	May apply for employer - paid limits. ⁴ Independent contractors are not eligible for employer - paid limits.
Owner of Sole Proprietorship	Complete Form 1040 and Schedule C	Schedule C from personal tax return	Not available	Schedule C line #31	Not eligible for employer - paid limits.
C Corporation Owner	Complete 1040 and W 2's of the proposed insured. Business Tax Form 1120 is required if 20%+ owner	Business tax form 1120	2 years' complete business tax returns	W-2 box #5 labeled "Medicare Wages and Tips" and owner's share of Form 1120, line #30	May apply for employer - paid limits. ⁴
S Corporation Owner	Complete 1040, W-2's, and Schedule E	Business tax form 1120S	2 years' complete business tax returns	W-2 box #5 plus Schedule E Nonpassive income, subtract Nonpassive loss, Section 179 Expense. ⁵ "Passive" may be counted as unearned income. OR Add 1120S line 7 (owner's share shown on W 2) and K 1 box number 1, subtract line 11	May apply for employer - paid limits if the proposed insured owns 2% or less of the business. ⁴
Partnership	Complete 1040, Partnership Form 1065, Schedule K-1 (1065)	Business tax form 1065	2 years' complete business tax returns	Add K-1 lines 1 and 4, subtract line 12	Not eligible for employer - paid limits.
LLC or LLP	The type of business tax return filed for the LLC or LLP will govern the documentation required.	See appropriate business entity above	2 years' complete business tax returns	Refer to the appropriate requirements above for regular corporations and partnerships.	See appropriate business entity above

- Each insurer reserves the right to require additional financial information on any applications regardless of amount, if necessary to reach an underwriting decision or to secure reinsurance. Each insurer also reserves the right to limit or modify the amount of insurance coverage offered regardless of earned income, other financial information or other insurance in force.
- For bonus or commission to be considered as income, at least two years' documentation is required.
- To be eligible for employer - paid limits, the premium cannot be included in taxable income and the employee may not reimburse the employer for the premium.