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Life & Wealth Application — individual life, final expense & wealth-transfer coverage.

Complete every section that applies; type N/A where a field does not apply. Attach a copy of any in-force policies being replaced.
All health and financial information is used solely to market your coverage and is kept strictly confidential.
Return the completed form by email to service@archerinsgroup.com.

PROPOSED INSURED — PERSONAL INFORMATION

Date Needed / Due

Desired Effective Date

How Did You Hear About Us? Select One

Referred By (name)

Proposed Insured — Full Legal Name

Date of Birth

Gender Select One

Mailing / Residential Address

Apt / Unit

City

State Select One

ZIP

County

Time at Address

Marital Status Select One

Phone Number

Best Time to Call

Can We Text You? Select One

Email

Country of Birth

State of Birth

Type of Citizenship

Height & Weight

Driver's License No.

DL State Select One

SSN (optional)

Occupation / Profession

U.S. TIES & ASSETS

Do you own a home in the U.S.? Select One

If yes, property address

Do you own a business in the U.S.? Select One

Type of Business

Business Address

Do you own other U.S. assets — stocks, bonds, savings, securities, or real estate? Yes No

POLICY OWNER

complete only if the owner is not the proposed insured

Owner — Full Legal Name

Relationship to Insured

Date of Birth

SSN / FEIN

Owner Address

Phone

Email

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COVERAGE REQUESTED

check all that apply

- ☐ Term Life
- ☐ Whole Life
- ☐ Universal Life (UL)
- ☐ Indexed Universal Life (IUL)
- ☐ Guaranteed / Final Expense
- ☐ Group / Voluntary Life
- ☐ Key-Person / Buy-Sell
- ☐ Survivorship / Second-to-Die
- ☐ Annuity / Wealth Transfer
- ☐ Not sure — recommend for me

Face Amount Requested $

Requested Term / Duration

Target Premium (monthly $)

Payment Mode
Select One

Do you have a set budget you do not want to exceed?
Select One

Maximum Budget $ (not to exceed)

Budget Basis
Select One

ADVANCED / HIGH-NET-WORTH TAX PLANNING (OPTIONAL)

For high-net-worth clients, permanent life insurance can minimize income and estate taxes: tax-deferred cash-value growth, tax-free policy loans for retirement income, and a death benefit that passes income-tax-free and, when owned in an ILIT, outside the taxable estate. Ask us about premium-financed policies and defined benefit / cash-balance plan funding. J. Archer Insurance Group coordinates with your CPA and attorney and does not provide tax or legal advice.

- ☐ Estate-tax liquidity / transfer
- ☐ Trust-owned / ILIT
- ☐ Premium-financed policy
- ☐ Tax-deferred cash value
- ☐ Tax-free income via policy loans
- ☐ Defined benefit / cash-balance
- ☐ Executive benefits / split-dollar
- ☐ Not sure — recommend a strategy

Purpose of Coverage / Riders Requested (e.g., income replacement, mortgage, estate, waiver of premium, ADB, child rider)

EXISTING LIFE INSURANCE

Total Life Insurance In Force $

Is this a conversion or insurability option?
Select One

Will this replace existing coverage?
Select One

List current carriers and amounts:

Carrier 1

Amount $

Carrier 2

Amount $

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PERSONAL HISTORY & LIFESTYLE

Is the proposed insured currently disabled or applying for any disability benefits? Yes No

Used tobacco / nicotine products in the last 12–24 months? Yes No

Cigars used in the last 24 months? (number per year)

Used Rx smoking-cessation aids in last 12 months? Select One

Convicted of a felony, or currently on parole / probation? Yes No

Convicted of DUI / DWI in the last 5 years? Yes No

At-fault motor vehicle accident in the last 3 years? Yes No

Anticipated foreign travel in the next 2 years? Select One

Travel or Reside? Select One

Locations of past & future travel

Are you currently, or planning to become, a member of the Armed Forces? Yes No

Do you expect to become a pilot or crew member in the next 2 years? Yes No

Do you participate in high-risk activities (skydiving, racing, scuba, aviation, etc.)? Yes No

Provide details for any "Yes" answers above.

EMPLOYMENT & FINANCIAL

Current Occupation

Exact Duties

Employer / Business Name

Employer Address

Earned Income — Current Yr $

Earned Income — Prior Yr $

Household Net Worth $

Unearned Income — Current Yr $

Unearned Income — Prior Yr $

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PRIMARY PHYSICIAN

Physician Name | **Phone** | **Date / Timeframe Last Seen**

Physician Address

Reason / Details of Last Visit | **Current Medications (name, dose, reason)**

MEDICAL HISTORY

past 10 years — diagnosed, treated, or tested positive

Heart disease or high blood pressure	Yes	No	Kidney, liver, or digestive-system disorder	Yes	No
Cancer, tumors, or leukemia	Yes	No	HIV / AIDS	Yes	No
Stroke, seizures, or neurological disorder	Yes	No	Non-prescribed controlled substances (last 10 yrs)	Yes	No
Depression, anxiety, or mental-health condition	Yes	No	Treatment / counseling for alcohol or drug abuse	Yes	No
Diabetes, thyroid, or gland disorder	Yes	No			

Details for any “Yes” above (condition, date, treatment, current status)

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FAMILY HEALTH HISTORY

immediate family: father, mother, siblings

Family Member	Living? (Y/N)	Current Age / Age at Death	Major Diagnosis / Condition	Age at Onset

Family history of heart disease or cancer? Select One

Any inherited / genetic conditions? Select One

If yes, describe

BENEFICIARIES

PRIMARY BENEFICIARY

Full Name **Relationship** **Date of Birth** **Distribution %**

SSN **Phone** **Address**

CONTINGENT BENEFICIARY

Full Name **Relationship** **Distribution %**

IF A BENEFICIARY IS A MINOR — CUSTODIAL INFORMATION

Custodian Name **Relationship** **Who will own the policy if the owner passes?**

AUTHORIZATION & SIGN-OFF

☐ **Authorization & Broker of Record / Exclusive Representation Acknowledgment**
I authorize J. Archer Insurance Group to obtain information needed to market my coverage and to act as my exclusive broker for this submission. I certify the above is true and complete. Duplicate submissions by other agents can delay or jeopardize the best pricing.

Applicant Signature **Date**

Print Name & Title **Policy Owner Signature (if different)**

Save the completed form and email it to service@archerinsgroup.com

Fillable in Adobe Acrobat / Reader — or print, complete, and return by email. Questions? Call 281-501-8331.

YOUR DEDICATED LIFE & WEALTH TEAM LEADS

Chazity Logan — Account Manager (strategy, quoting & renewal support)
Jonalyn Awicde — (admin and service support)

Return completed form to service@archerinsgroup.com *281-501-8331 • Se habla español*