

TO: Name: _____	FROM: Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
RE: Name: _____	Address: _____

The person listed above has indicated that he or she has an open account at the above named company. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Type of Life Insurance: Whole Life, Universal Life, Term, Other (please explain)

<u>Type of Account</u>	<u>Account Number(s)</u>	<u>Surrender Cash Value</u>	<u>Annual Dividend or Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_