

# Life Made Simple

*Doing life insurance business with Capitas Financial just got easier and saves you time. Start with the one page “[Application Request](#)” form and see how easy it is!*

## *How does it work?*

- You complete the one page “[Application Request](#)” and return to our office via fax (818-264-2359) or scan to. Attn: Alex Yela / alex.yela@capitasfinancial.com
- Provide your client(s) with the “[What to Expect Next](#)” brochure “[Interview Preparation Tool](#)”.
- A licensed Capitas representative will call your client(s) at the desired time to complete the application and schedule the insurance exam.  
*\*Phone interview typically takes 20-30 minutes.*
- Via email, Capitas will send the application packet to you for client(s) signatures.
- Upon receipt of the signed application, your Capitas Underwriting Specialist will keep you informed on the progress of approval.

### *Let us help make it simpler:*

**NO MORE:** Sending large application packets from your office to clients for completion!

**NO MORE:** Asking clients uncomfortable personal and medical questions!

**NO MORE:** Calling and emailing clients for missing information on the application!

**MORE:** Time to spend on your core business!

## *What is the next step?*

Schedule an appointment with your Capitas SVP to discuss how this innovative process can help expand your business.

## *Contact us:*

Pacific Southwest Financial, a Capitas Financial Partner  
21021 Ventura Blvd, Suite 400  
Woodland Hills, CA 91364  
Tel: 888.851.6006 ext. 124

NOW THIS IS SOMETHING  
**YOU**  
CAN GET EXCITED ABOUT!

# Request For Application

*This is NOT an application for life insurance. It is a request to initiate the application process only.*  
**FAX to 818-264-2359 ATTN: Alex Yela or Scan to alex.yela@capitasfinancial.com**

**SVP Name:** \_\_\_\_\_

**Insured**

Primary Insured: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  Male  Female (Phone): \_\_\_\_\_

Second Insured: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  Male  Female (Phone): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Notes/Travel, Hobbies, Language etc. \_\_\_\_\_

**Time to Call – between 9:00 am and 4:00 pm weekdays** (48 hour minimum notification time during work week)

**Insured**

Preference #1 Time: \_\_\_\_\_ Date: \_\_\_\_\_ Day:  Mon  Tues  Weds  Thurs  Fri  
(Indicate Hour A.M. or P.M. – 15 minute time frames please.)

Preference #2 Time: \_\_\_\_\_ Date: \_\_\_\_\_ Day:  Mon  Tues  Weds  Thurs  Fri  
(Indicate Hour A.M. or P.M. – 15 minute time frames please.)

**Number to call:**  Home  Work  Other: \_\_\_\_\_ **Special Instructions:** \_\_\_\_\_

**Coverage Information – Request must be accompanied by as-sold illustration**

Carrier: \_\_\_\_\_ Face Amount \$ \_\_\_\_\_ Product: \_\_\_\_\_

Proposed Premium: \$ \_\_\_\_\_ Premium Mode:  Annual  Monthly  Quarterly  Semi-Annual State of Issue: \_\_\_\_\_

**Term:**  10 Year  15 Year  20 Year  25 Year  30 Year  ROP: \_\_\_\_ Year \_\_\_\_ Rate Class quoted: \_\_\_\_\_

**Permanent:**  Universal Life  Whole Life  Index UL  Variable Life  LTC Rider  Last Survivor

**Will new insurance replace any in-force insurance?**  Yes  No **If a 1035 exchange please provide inforce information**

**Ownership:**  Individual  Trust  Business State of Owner: \_\_\_\_\_

**Financial Advisor Information**

Financial Advisor Name: \_\_\_\_\_ Firm: \_\_\_\_\_ Email: \_\_\_\_\_

Branch City : \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Licensed in: \_\_\_\_\_ Licensed in State of Insured  Yes  No **Advisor Appointed with Carrier & PSF:**  Yes  No

**Date:** \_\_\_\_\_

*I hereby authorize Pacific Southwest Financial to contact the above mentioned individual at the requested time to call. This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does NOT mean that coverage is effective.*

# What to Expect Next

## 1. Phone Interview

- The enclosed **Interview Preparation Tool** has been designed to help you properly prepare for the interview. We encourage you to complete this tool in advance of your interview.
- In most cases, the interview takes approximately 20-30 minutes.

## 2. Insurance Exam

- Goal is to schedule during phone interview
- In most cases, the exam takes 30-40 minutes to complete
- The exam typically includes:
  - Measurement of height, weight
  - Blood pressure and pulse rate
  - Collection of blood and urine specimens
  - In some cases, an EKG and medical history report

### **Exam Tips**

Get a good night's sleep prior to the exam and, if you can, skip heavy exercise on the day it's scheduled. You'll get best results if you relax and also:

- Do not eat solid foods or drink alcoholic beverages eight hours prior to the exam
- Avoid tobacco or caffeine products for at least one hour prior to the exam
- Drink a glass of water before providing the urine Specimen

### **Policy Coverage**

Life insurance coverage is not in effect until your application is approved by the insurance company, and any outstanding policy requirements and your first premium payment have been received. Approval is not guaranteed.

### **If You Have Questions**

Call Pacific Southwest Financial at **888.851.6006** Monday - Friday 8:30 am - 5:00 pm attention: Alex Yela ext. 124

*A licensed insurance representative from Pacific Southwest Financial will complete the interview on the day and time you requested. If we can't accommodate the request, we will call right away to schedule another convenient time for the interview. We will ask questions that will be used to complete an application for life insurance and schedule your insurance exam. Once the application has been completed it will be sent to your agent to gather your signature. The information on your application will ultimately be reviewed by an insurance carrier underwriter to determine whether you qualify for the coverage requested. All of the information you provide will be kept confidential in accordance with privacy policy and will be used only for consideration of the coverage for which you apply. Your privacy is important.*

# Interview Preparation Tool

*This information DOES NOT need to be sent back! Preparing for your telephone interview will expedite the interview process. Please complete this worksheet prior to your interview.*

*Please allow at least 20-30 minutes to complete the interview. It will be beneficial for you to be in a place where you are alone and free from distractions.*

<b>Driver's License Number</b>

**Physician Information**

Name	Address	Phone Number	Date of Visit	Reason for Visit

**Medications**

Prescription Name	Dosage and Frequency	Reason for Usage

**Existing Life Insurance**

Company Name	Policy Number	Issue Date	Coverage Amount	Beneficiary

**Financial Information**

Income	Assets	Liabilities	Net Worth

**Nicotine Use:**     None     Cigarettes – frequency of use per day: \_\_\_\_\_     Cigars - frequency: \_\_\_\_\_     Pipe     Chew

**Former Tobacco User:** List each type of tobacco, quantity and frequency used and date of last use: \_\_\_\_\_

**Family History:** To your knowledge, is there any family history (*parent or siblings*) with onset of disease prior to age 60 due to cardiovascular, cerebrovascular disease, diabetes or cancer?     Yes         No

If Yes, provide full details with impairment, age at onset and age at death if deceased:

**Beneficiary Information**

Primary (Full Name and Address)	% Share	Relationship	SSN or TIN	Date of Birth or Trust Date