

805 Las Cimas Parkway Suite 350 Austin, TX 78746 Phone: (512) 961-8265 Toll Free: (877) 315-0520 Fax: (512) 961-8264

GENERIC BROKER APPLICATION

Personal Data

First Insured		
Name:	SSN or Tax ID#:	
Current Address:		
City: 5	State:	ZIP Code:
Telephone Number (Daytime):	Telephone Num	ber (Evening):
Date of Birth:/ Place of	Birth:	
Current Marital Status: □Single □Married □ (If you have ever been divorced, provide a cop		
Have you been or are you now a party to a ba	nkruptcy?	ceive
Dependent Children: ☐Yes ☐No	tor Inortators	15
Have you been or are you now a party to a batch Dependent Children: Tes Tho Second Insured Name: Please Common Address Test Test Test Test Test Test Test T	inkruptcy? Presidual Vinkruptcy? President vinkruptcy. President vinkruptcy. President vinkruptcy. President vinkruptcy. President vinkruptcy. President vinkruptcy. President v	
current Address.		
		ZIP Code:
Telephone Number (Daytime):	Telephone Num	ber (Evening):
Date of Birth:/ Place of	3irth:	
Current Marital Status: □Single □Married □Separated □Divorced □Widowed (If you have ever been divorced, provide a copy of the divorce decree)		
Have you been or are you now a party to a ba	nkruptcy? □Yes □No	
Dependent Children: ☐Yes ☐No		
If policy owner is different from insured named above:		
Policy Owner's Name:		
Name of Trustee (if applicable):	S:	SN or Tax ID#:
Current Address:		



City:	State:	ZIP Code:		
Telephone (Daytime):		Telephone (Evening):		
Life Insurance Policy Information Name of Insurance Company (1):				
Policy Number:				
Coverage/Face Amount of Policy: \$		Loan Amount: \$		
Annual Premium:				
Last Premium Date:/ Next Premium Due Date:/				
Is this a group or an individual policy? Group Individual Type of Policy: Term Whole Life Universal Life Variabual or Reason for Life Settlement: Name of Insurance Company (2): Sample Not for Individual forms Policy Number: Please State approved: Policy Issue Date: //				
Type of Policy: ☐Term ☐Whole Life	l Universal Li	fe varidual otelive		
Reason for Life Settlement:	£	or Indiv. to rescate Magna to rescapproved forms approved forms		
	18 Not	Ct Wagning form		
Name of Insurance Company (2): 5am	bic, couts	approve		
Policy Number:	se state	Policy Issue Date://		
		Loan Amount: \$		
Annual Premium:				
Last Premium Date:/Next Premium Due Date://				
Is this a group or an individual policy? □Group □Individual				
Type of Policy: ☐Term ☐Whole Life ☐Universal Life ☐Variable ☐Other				
Reason for Life Settlement:				
Name of Insurance Company (3):				
Policy Number:	F	Policy Issue Date://		
Coverage/Face Amount of Policy: \$		Loan Amount: \$		
Annual Premium:				
Last Premium Date://	_ Next Prer	nium Due Date://		



Is this a group or an individual policy? □Group □Individual		
Type of Policy: ☐Term ☐Whole Life ☐Universal Life ☐Variable ☐Other		
Reason for Life Settlement:		
Name of Insurance Company (4):		
Policy Number:		
Coverage/Face Amount of Policy: \$ Loan Amount: \$		
Annual Premium:		
Last Premium Date:/ Next Premium Due Date:/		
Is this a group or an individual policy? Group Individual Type of Policy: Term Whole Life Universal Life Individual Reason for Life Settlement: Sample Not for Individual Sample No		
Type of Policy: Term Whole Life Universal Life While Tener		
Reason for Life Settlement: Not for Magna forms		
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Medical History		
First Insured		
Name of Attending Physician:		
Address:		
Telephone: Fax:		
Name of Specialist Physician:		
Address:		
Telephone: Fax:		
What other physicians have treated you in the last two years?		
Name:		
Address:		
Telephone: Fax:		



Name:				
Address:				
Telephone:	Fax:			
What is your general health?				
				
Second Insured				
Name of Attending Physician:				
Address:	· · al Use.			
Telephone:	individua receive			
	sot for magnatorms			
Name of Specialist Physician:	ample/Not for Individual Use. Jease Contact Magna to receive Jease Contact Magna forms Jease State-approved forms			
Address:	lease state-ap			
Telephone:	Fax:			
What other physicians have treated you in the last two years?				
Name:				
Address:				
	Fax:			
Name:	·			
Address:				
	Fax:			
What is your general health?				