



WESTLAND
FINANCIAL SERVICES INC

Print Form

Submit by Email

After filling out the form completely, you have the option of printing the form and mailing or faxing it to our home office, or submitting it by email to our home office. Mail the form to: **Westland Financial Services, Inc. 1717 Kettner Blvd., Suite 200, San Diego, CA 92101.** FAX the form to: **(888) 238-8154**

Universal Life Insurance *Illustration Request Form*

Agent Information

Full Name	<input type="text"/>	Company Name	<input type="text"/>	Broker/Dealer	<input type="text"/>
Address	<input type="text"/>	Suite Number	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/>	Zipcode	<input type="text"/>
Phone Number	<input type="text"/>	Email	<input type="text"/>	Contact Preference	<input type="text"/>

Client Information

Full Name	<input type="text"/>	State of Residence	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>	
Height	<input type="text"/>	Weight	<input type="text"/>	Risk Status	<input type="text"/>	Marital Status	<input type="text"/>	
							Spouse Applying?	<input type="text"/>

Partner/Spouse Information

Full Name	<input type="text"/>	State of Residence	<input type="text"/>	Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Height	<input type="text"/>	Weight	<input type="text"/>	Risk Status	<input type="text"/>		

Coverage Options

Desired Death Benefit Amount	<input type="text"/>	Desired Premium Amount	<input type="text"/>	Premium Paid	<input type="radio"/>	<input type="text"/>	Years
Objective	<input type="text"/>	<input type="checkbox"/> Lapse of Protection Guarantee		<input type="radio"/>		To Age	<input type="text"/>
Notes: <input type="text"/>		<input type="checkbox"/> Waiver of Premium		<input type="radio"/>		Lifetime	
		<input type="checkbox"/> Long-Term Care Rider		Today's Date		<input type="text"/>	