



Genworth TLC Illustration Request

Client Information

Name of Client: _____ Resident State: _____

DOB: _____ Gender: Female Male Smoker Status: Smoker Non-Smoker

Name of Spouse/Client #2: _____ Resident State: _____

DOB: _____ Gender: Female Male Smoker Status: Smoker Non-Smoker

Medical History

Please List Any Medications and/or Health History:

Illustration Information

Answer One of the Following:
 Monthly Benefit Amount: \$ _____ Premium: \$ _____ Death Benefit: \$ _____

Premium Duration:
 Single Premium

Inflation Protection Options:
 Inflation Rider: Yes No If Yes: Simple Interest Compound Interest

Long Term Care Benefit Options:
 2+0 3+0 4+0 2+2 2+4 3+2 3+4 3+Life 4+2 4+4 4+Life

Agent Contact Information

Name: _____ State: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Please Fax or Email Form to: Westland Financial Services at 888-238-8154 or info@westlandinc.com