



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. 13520 Evening Creek Drive North, Suite 360 San Diego, CA 92128.** FAX the form to: **(888) 238-8154**

WESTLAND
FINANCIAL SERVICES INC

Term Insurance *Illustration Request Form*

Agent Information

Full Name	Company Name	Broker/Dealer
Address	Suite Number	City
	State	Zipcode
Phone Number	Email	Contact Preference

Client Information

Full Name	State of Residence	Gender	Date of Birth
Height	Weight	Smoking Status	<i>If you have quit smoking, for how long?</i>
Marital Status	<i>Spouse Applying?</i>		

Health Considerations Please list all health considerations experienced in the last five years (i.e. Graves Disease, Hypertension) and the date of last treatment if applicable. Please be as detailed as possible.	Current Prescriptions Please list all current prescriptions (i.e Wellbutrin, 50 mg/day). Please be as detailed as possible.
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Partner/Spouse Information

Full Name	State of Residence	Gender	Date of Birth
Height	Weight	Smoking Status	<i>If you have quit smoking, for how long?</i>

Health Considerations Please list all health considerations experienced in the last five years (i.e. Graves Disease, Hypertension) and the date of last treatment if applicable. Please be as detailed as possible.	Current Prescriptions Please list all current prescriptions (i.e Wellbutrin, 50 mg/day). Please be as detailed as possible.
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Coverage Options

Death Benefit Amount	Premium Amount	Payment Options
Length of Term	Riders	

Notes	Today's Date
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