

# Request for Forms

Please complete and send to [newbusiness@niblfe.com](mailto:newbusiness@niblfe.com)  
Or fax to 407-455-7766

## Producer:

\* Agent Name: \_\_\_\_\_  
\* Phone #: \_\_\_\_\_ \* Fax #: \_\_\_\_\_  
\* E-mail Address: \_\_\_\_\_  
\* Preferred Delivery Method:  Fax  Email

## Product Type:

Requested carrier: \_\_\_\_\_  
 UL  IUL  SUL  Term  DI  LTC  
 Annuity  Qualified  Non-Qualified  
 1035 x  Replacement  Direct Rollover  Monthly(EFT)  
 Trust  Travel  Aviation  Avocation  
 Key Person  Buy/Sell

Is the client over age 65, or requesting \$2 MM in face amount or a premium financed policy?  
 Yes  No

**If Term Conversion, check here**  This is usually a simplified app found under the policyholder service section

**State of Issue:** \_\_\_\_\_

**Note: if owned by someone other than insured or trust or corp owned, the app follows the owner's state, not the insured's state**

## Riders:

Child Ins Rider  ADB  Other: \_\_\_\_\_

Is the agent contracted with the carrier through our BGA?  Yes  No

If not, please have the agent complete the [Online Agent Contracting Process](#)

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_