



LEVEL FOUR
Financial
A DIVISION OF
LEVEL FOUR GROUP, LLC

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LFF188-A

Form #

Account #

Branch #

FA #

Variable Life Insurance Information – Addendum

Insurance Owner’s Name _____ Representative(s) _____

Insured’s Name (if not same as owner) _____

This transaction is: Solicited Unsolicited
 New Business Add to Existing Policy Existing Policy # _____

Proposed Insurance information:

I. Insurance Co. Name: _____ Product Name: _____

Face Amount of Insurance: \$ _____ Premium Amount: \$ _____

Select Mode: Monthly Quarterly Semi-Annually Annually

II. Death Benefit Type: Level (A) Increasing Face Amount Plus Premium

III. DB Qualification Test: Guideline Premium Test (GPT) Cash Value Accumulation Test (CVAT)

IV. How long is the free look period? _____ days

V. Any riders/additional features to insurance policy? Yes (if yes, mark below) No

<input type="checkbox"/> Accidental Death Benefit Rider <input type="checkbox"/> Charitable Giving Benefit Rider <input type="checkbox"/> Estate Protection Rider <input type="checkbox"/> Lapse Protection Rider	<input type="checkbox"/> LTC/Chronic Illness Rider (2% - 4%) <input type="checkbox"/> Over loan Protection Rider <input type="checkbox"/> Premium Guarantee Rider <input type="checkbox"/> Waiver of Premium or Waiver of Expense Charges <input type="checkbox"/> Other _____
<input type="checkbox"/> ABR - Chronic Illness Rider <input type="checkbox"/> ABR - Critical Illness Rider <input type="checkbox"/> ABR - Terminal Illness Rider	

If Annuity Contract(s) being surrendered (to fund proposed insurance):

I. Surrender Co. Name: _____ Product Name: _____
Contract #: _____ Issue Date: _____
Surrender Charge: \$ _____ = Surrender Charge: _____ %
II. MEA (Mortality, Expense, Admin.) Fees: Fixed \$ _____/year or _____ % of contract value/year
III. Contract Type: Variable Annuity Fixed Annuity (interest rate details) _____
IV. Are you the representative(s) listed on the surrendered contract? Yes No

If Life Insurance Exchange(s) / Replacement(s):

I. Surrender Co. Name: _____ Product Name: _____
Current Death Benefit Amount of Insurance: \$ _____ Current Cash Value: \$ _____
Current Surrender Value: \$ _____ Amount of Premium: \$ _____
Mode of payment: Monthly Quarterly Semi-Annually Annually
Issue Date: _____ Surrender Charge: \$ _____
II. Contract Type: Term Whole Life Universal Life VUL Other _____
III. Death Benefit Type: Level Increasing Face Amount Plus Premium
IV. Any riders/additional features to insurance? Yes No
If yes, please provide detailed explanation _____
V. Are you the representative(s) listed on the exchanged/replaced policy? Yes No
VI. Does this exchange qualify as a 1035 exchange? Yes No

If Liquidating Mutual Fund(s) (to fund proposed insurance):

I. Name of Mutual Fund(s) Liquidated: _____
II. Class of Fund(s) Liquidated: A Shares B Shares (years held _____)
 C Shares Other Share Class _____
III. Are you the representative(s) listed on the liquidated fund(s)? Yes No
CDSC of _____ % on liquidation (B or C shares only)
IV. Will proceeds of liquidation be used to fund proposed insurance? Yes No

Purpose of Insurance: _____
Amount of pending or in force coverage: \$ _____ **1035 funds to be used?** _____
Will existing policy be replaced or modified upon issuance of this coverage? Yes No
If replacing other coverage provide reason for replacement: _____

By signing below you acknowledge the following:

I have received all applicable prospectuses and an illustration that reflects the benefits of owning this policy.

I am aware that death benefit **WILL** **WILL NOT** or decrease with investment performance.

I am aware that cash value will increase or decrease with investment performance.

I realize in replacing my policy (if applicable) I am subject to surrender charges of \$ _____.

I realize in purchasing this new policy I will be subject to a new surrender charge period of _____ years.

I understand the variable life policy may lapse if certain funding requirements (detailed in the prospectus) are not met.

I understand if surrendering an Annuity to fund the proposed insurance I may have incurred a surrender charge on the Annuity. I understand if liquidating mutual funds to fund the proposed insurance I may have incurred charges in the form of CDSC (contingent deferred sales charge) on the liquidation of the funds. This transaction may result in a taxable gain or loss for Federal and State Income Tax purposes.

I am aware the Registered Representative and Level Four Financial will receive a commission for this transaction.

Client signature: _____ Date: _____

Joint Client signature: _____ Date: _____

I ATTEST THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Financial Professional: _____ Date: _____

Financial Professional: _____ Date: _____

Registered Principal: _____ Date: _____