



PIMSCO Life Insurance Quote Request Form Term Universal Life

Date of Birth:	____/____/____	(Required)
	Current Age: ____ Age Nearest: ____	(Required)
Gender:	_____ (Male or Female)	(Required)
Smoking Status:	_____ Non-Smoker _____ Smoker	(Required)
State:	_____	(Required)
Amount of Insurance:	\$_____	(Required)
Payment Option:	Monthly _____	(Check One)
	Quarterly _____	
	Semi-Annual _____	
	Annual _____	
Desired Term:	___ 5 ___ 10 ___ 15 ___ 20 ___ 30 ___	(Check One)
Guaranteed UL:	To Age 100/To Age _____	(Choose an age if less than 100)
Carrier/Product:	_____	(If blank; PIMSCO will choose best option)
Riders:	_____ Accidental Death Benefit	(Optional)
	_____ Return of Premium	(Optional)
	_____ Waiver of Premium	(Optional)
Rating Class:	___ S-Pref ___ Pref ___ Select ___ Std	(Required)
Ratings:	_____ Additional Table Rate	(1-10 or A-J) (Optional)
	\$_____ Flat Extra _____ Yrs	(Optional)
Agent Name:	_____	(Required)
How to contact:	Email: _____	(Required)
	Phone: _____	(Required)
	Fax: _____	
Client Name:	_____	(Optional)
Spouse Name:	_____	(For Joint Survivorship Life Illustrations; please complete an additional form and submit together)

**Email to: Marketing@PIMSCO.com
FAX to: 727-579-9956**