Trust Financial Services
Your source for life solutions

147 Columbia Turnpike
Suite 109
Florham Park, NJ 07932
Phone: 973.514.1980
Fax: 973.514.1987
www.tfsbrokerage.com

Case Submission Worksheet

Have you asked the pertinent impairment questions prior to writing and submitting your case?

If so, please attach a completed copy of the document –
Sales tool: *(Question to ask you client prior to writing an application)*

If not, it is highly recommended that you do so.
It is important that this case is being submitted to the proper company –
A sales becomes much more likely if this step is taken up front.

Producer Information

Date:	
Agent Name:	E-Mail Address:
Phone:	Fax:

Client Information

Name:

Rate Class Quoted: ☐ Preferred Best NS ☐ Standard NS **Premium:**$_____
☐ Preferred NS ☐ Preferred Smoker
☐ Standard Plus NS ☐ Standard Smoker ***Please include sales illustration**

Has an exam been scheduled? ☐ Yes ☐ No If yes, which service was used and provide phone #:_____

Is replacement involved? ☐ Yes ☐ No If so, please give the following details of any policy being replaced: Year of Policy:_____ Amount of Policy: $_____ Type of Policy (term, UL, etc):_____
Is there 1035 ☐ Yes ☐ No Estimated amount $_____

Is the client willing to reduce the face or level term to fit the budget? ☐ Yes ☐ No

Is a policy being applied for concurrently with another carrier? ☐ Yes ☐ No If so, please tell us why case is being dually submitted:_____

Are both policies to be placed? ☐ Yes ☐ No
If client will not be taking both policies, what premium are we competing with? $_____

Also make sure these pertinent forms are enclosed:

Application/All questions and signatures in entirety

HIV Form/Replacement Form/Illustration or Illustration waiver

Licensing forms (if not already licensed with the carrier)

Thank you for doing business with Trust Financial Services LLC.