

APPLICATION COVER SHEET

- Life Long-Term Care Disability Insurance
 Ash Priority Underwriting Annuity

Please check that the following required items are included.

- Application is signed, dated, and completely filled out.
- Correct disclosure form is included (if applicable).
- Check or 1035/transfer paperwork is included (if applicable).
- Replacement form for your state is included (if applicable).
- Complete any state specific paperwork (if applicable).
- Provide an illustration or copy of any rates used with the customer with each life application (if applicable).
- Copy of the signed insurance illustration used in the sale or the appropriate Certificate of Non-Illustration when business is written in an NAIC Compliant State (if applicable).
- Verify that you are actively contracted/appointed, through Ash Brokerage, with the insurance company you wish to do business with. If you are unsure, please contact **Licensing**.
- If this application has the potential to be an impaired risk case, **DO NOT SEND PREMIUM** with the application.
- Be certain to **INCLUDE THE NECESSARY MEDICAL REQUIREMENTS**. If you are unsure as to what is needed, please contact Underwriting.
- Paramedicals ordered using: _____ Phone: _____

This is my first case with Ash Brokerage.
 I want more information on how to make Ash Brokerage my primary outlet.

- Have you previously discussed this application with Ash Brokerage? Yes No
 If yes, with whom? _____ Premium Quoted: _____
 What was offered? Preferred Standard Table Rating: _____
 Is this a Life Insurance AuditSM case? Yes No

Fixed Annuities
 Verify with Ash Brokerage (via phone or website) that the rate quoted is the correct rate.
 Address envelope to the attention of: Fixed Annuities
 If client is working in a free withdrawal "window" at the transferring carrier, please enter the date transfer paperwork must be received by:
 If mailing application directly to the carrier home office, please fax a copy of all paperwork submitted to: Ash Brokerage at (260) 479-6083

Ash Priority Underwriting
 Case has been reviewed with Ash and qualifies for Priority Underwriting.
 The application for LBL, LNL, SBLI, BAN, PROT, PRU, MET, ING has been completed in full.
 You order labs and instruct your examiner to use the correct codes (ABLB for Lincoln Benefit, JOA for Lincoln National, BYYA for SBLI, KPJ for BAN, ABPL for PROT, KIB for PRU, ABML for MET, ABIN for ING).
 You have included the lab ticket in the packet. If no lab ticket, you **MUST** provide the ticket # _____

Address completed package to Ash Brokerage, 7609 West Jefferson Blvd., Fort Wayne, IN 46804.



Date: _____
 Advisor Name: _____
 Advisor Phone: _____

AUTHORIZATION FORM

This Authorization is HIPAA compliant

Print Name of Proposed Insured: _____
 Date of Birth: _____/_____/_____ SS#: _____/_____/_____
 Driver's License#: _____ State: _____

The purpose of this Authorization is to permit Ash Brokerage to obtain and release nonpublic personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for, and obtaining insurance products and services from, one or more of the insurers or other institutions listed below. Any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition are to be released. Such records and information to be released may include, but not be limited to, facts about my mental and physical health, drug/alcohol abuse treatment, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, genetic testing, general reputation, mode of living, finances, occupation, driving records and other personal traits.

I authorize any physician or other medical practitioner, any hospital, clinic, or other health-related facility, any medical testing laboratory, any insurer, any state motor vehicle department, my past or current employer(s), the Social Security Administration, and any other organization, institution or person that has information about me to release such information to Ash Brokerage, and its authorized representatives.

I specifically authorize the companies listed below to receive information from, and to release information to, Ash Brokerage. I also specifically authorize Ash Brokerage and the companies listed below to release information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them. I also authorize the Medical Information Bureau, Inc. (MIB*) to release information directly to any company listed below, upon such insurer's request, provided the insurer is a member of MIB.

This Authorization shall be effective for two years after the date signed below, unless revoked by me in writing and written notice of the revocation is provided to Ash Brokerage, 7609 W. Jefferson Blvd., Fort Wayne, IN 46804. Any action taken in reliance of this authorization prior to the notice of the revocation shall be valid. I understand that any information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal or state privacy rules.

I acknowledge that I have read and understand the above and agree that this authorization was completed prior to my signature. I further agree that a copy of this authorization, whether a photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by Ash Brokerage and/or any third party designated herein.

 Proposed Insured's Signature/Guardian or Custodian/Authorized Representative Date

 Broker/Advisor/Agency/Firm Signature Date

Company List

- | | | | |
|---|---|---|--|
| 21st Services
Advanced Settlements
AIG Amer. General Life Insur. Co.
AIG Life
Allianz Life Insurance Co.
Allmerica Financial
American Investors
American Life & Casualty
American Mayflower
American National Insur. Co.
Assurity
AVIVA
AVS
Axa/MONY Life Insurance Co.
Banner Life
Chase Insurance
Cologne Life Reinsurance Co.
Companion Life of NY
Coventry First
Empire General Life
Fidelity & Guaranty
Fidelity Security
First Colony | First Penn Pacific
Fort Dearborn
Genworth Financial
Genworth Life & Annuity Insurance Co.
Genworth Life Insurance Co.
Genworth Life Insurance Co. of NY
Gleaner
Hartford Life Insurance Co.
Illinois Mutual
Independent Funding, LLC
Indianapolis Life Insurance Co.
ING Reliastar
ING Reliastar of NY
ING USA Life & Annuity
Integrity Life
John Hancock Life Insurance Co.
John Hancock NY
John Hancock USA
Lafayette Life
Legacy Benefits
Lifeline Capital Group, The
Lincoln Benefit Life
Lincoln Life & Ann. of NY | Lincoln National
Lincoln National Rein. Co.
Lloyd's of London
Maple Life
MassMutual Life
Met Life
Minnesota Life
Mutual of Omaha
National Guardian
National Integrity
Nationwide
New York Life
North American
North American of NY
Old Republic
Peachtree
Penn Mutual
Penn Treaty
Phoenix Life
Phoenix Life Solutions
Physicians Mutual Life
Principal Life
Protective Life | Prudential/PRUCO
RBC Insurance
Reliance Standard
Savings Bank Life Insurance Co. of MA
Security Life of Denver Reinsurance Co.
Security Mutual Life of NY
Silverpoint Capital
State Life
Sun Life of Canada
Sun Life/Keyport
Transamerica
Travelers Insurance
Travelers Life and Annuity
Union Central
United of Omaha
US Financial
US Life Insurance of NY
Welcome Funds
West Coast Life
Western Reserve Life
WilliamPenn of NY |
|---|---|---|--|

Other Company: _____ Insured Initials: _____
Must be initialed to be valid

* MIB is a not for profit organization of life insurance companies and operates an information exchange for its members. Upon request of a member company, in connection with determining your eligibility for insurance, MIB may supply that member company with information in its file.

MIB, Inc. PO Box 105 Essex Station, Boston, MA 02112 or call (617) 426-3660.

PRIVACY POLICY

At Ash Brokerage, protecting your privacy is very important to us. We are committed to safeguarding the information you provide us and to using it responsibly. Because of our commitment to you, we have adopted and adhere to the following policy regarding the privacy of your personal information.

Collection of Information

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we received from you on applications, new account forms and fact-finding questionnaires;
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provision of services to you;
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies; and
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own.

Disclosure of Information

We will not share nonpublic personal information concerning our potential, current, or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

- Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to effect purchases and sales and allow for the servicing of your account;
- Your advisor or broker/dealer;
- Clearing agencies through whom we clear and settle securities transactions;
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts;
- Businesses, such as banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services;
- Regulatory or law-enforcement authorities; and
- Record keeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information

Protection of Information

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Within Ash Brokerage Corporation, your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic, and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.

Date: _____
 Advisor Name: _____
 Advisor Phone: _____

PRELIMINARY INQUIRY

Not an application for life insurance. This Preliminary Inquiry is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classification.

Proposed Insured Name: _____ Date of Birth: _____/_____/_____
 Height: _____ Weight: _____ Male Female SS#: _____/_____/_____
 Any weight change (ten pounds or more) in the last year? Yes No If YES, how much? _____
 Reason for change: _____
 Does insured currently use tobacco in any form (cigarettes, cigars, chewing tobacco, etc.)? Yes No
 If YES, please specify the form of tobacco and the quantity used: _____
 If insured no longer uses tobacco in any form, when did insured quit? _____
 List medication(s) including the dosage: _____

If insured has deceased parents or siblings, indicate age and cause of death: _____
 Current blood pressure: _____/_____/_____ Current cholesterol level: _____ Ratio: _____ HDL: _____ LDL: _____

For the following, please complete the appropriate corresponding Preliminary Inquiry-Detail Form and submit along with this form.

Has the insured been treated for any of the following (check all that apply and provide initial treatment date)?
 Alcohol/Drugs _____ Diabetes _____ Lung Disorders _____
 Cancer _____ Hypertension _____ Sleep Apnea _____
 Cardiac _____ Depression _____ Other _____

Has the insured been involved in any of the following activities (check all that apply)?
 Foreign Travel _____ (countries visited/date) Scuba Diving _____ (depth of dive/date of last dive) DUI/DWI _____ (date(s))
 Aviation _____ (types) Racing _____ (cars/boats/motorcycles) Other _____ (details)
 Sky Diving _____ (date of last dive) Criminal Bkgrd. _____ (date(s)) _____

Are you a U.S. Citizen? Yes No If NO, please note immigration status: _____

Please list all Doctors seen in the last five years:

Name and Specialty	City, State	Phone Number	When?/Why?

Medical records may be ordered at the agent or client's expense as proof of commitment. Please utilize our attached authorization when requesting records. With the formal application the medical records and invoice will be submitted to the insurance carrier for case set-up and reimbursement.

Face amount: _____ Plan desired: _____
 Amount in-force: _____
 Do you have a firm timeline for obtaining coverage? Yes No
 If YES, please provide details: _____
 If your case cannot be issued as applied for, would your client/prospect consider:
 Paying additional premium and/or Accepting a lower face amount
 Have you recently submitted this case to another carrier or BGA? Yes No
 If YES, what was the outcome? _____

Current Offers	Carrier	Premium	Class	Decline, Why?

LAB RESULTS REQUEST FORM

Copy to Client and/or Physician

Date: _____/_____/_____

Client Name: _____

SS#: _____/_____/_____

Date of Birth: _____/_____/_____

Carrier Name: _____

To whom it may concern:

I formally request that a copy of my Lab Results be copied to me directly at my home address of:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

And/or to my Personal Physician at:

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Remarks: _____



Client's Signature/Guardian or Custodian/Authorized Representative