

**FAX TO: (877) 270-3266**

<b>APPLICATION FAX COVER SHEET CHECKLIST SIMPLIFIED ISSUE TERM</b>
Total Number of Pages: _____

NAME OF PROPOSED INSURED: \_\_\_\_\_

**\*\*\*Please submit a separate fax cover for each application\*\*\***

Before faxing the application, complete the following checklist to ensure prompt processing and service:

- Properly signed and completed application
- Properly signed and completed disclosure forms:
  - **As needed:** Applicable state required disclosure if applying for the Accelerated Death Benefit Option form 6141-CL or state variation and any other state required disclosure forms
- Properly completed replacement forms as defined by the state in which the application is signed.

**FOR INITIAL PREMIUM:**

- Check for the initial premium (no money orders) and signed Authorization to Fax Check. Personal and agency checks must be made payable to Columbian and signed by the account holder;
- OR*
- For immediate draft of initial premium, complete **AUTHORIZATION FOR ONE TIME IMMEDIATE ELECTRONIC FUND TRANSFER** on page 5 of the application;
- OR*
- For the initial premium to be drafted on a specific date, complete **FIRST DRAFT AND ONGOING ELECTRONIC FUND TRANSFER** on page 5 of the application.

**Do not reduce when copying applications. Form number on each form must be legible.**

Faxed by: \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Your Phone No.: \_\_\_\_\_