

**Wealth Increase Network, L.P.**

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**CASE QUALIFICATION FORM**

**\*\*N.B. Complete only to verify whether a Case qualifies for submission otherwise please complete "Case Submission Forms".\*\***

**1. PERSONAL DATA**

Insured Name(s) \_\_\_\_\_  
First Insured Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Second Insured Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

**2. LIFE INSURANCE POLICY INFORMATION**

**POLICY # 1**

Policy Issue Date \_\_\_\_\_ Contestability Period \_\_\_\_\_ Yrs Face Amount \$ \_\_\_\_\_  
Cash/Account Surrender Value \$ \_\_\_\_\_ Policy Loan \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %  
Premium Payment: \$ \_\_\_\_\_ Mode?: Annual ( ) Semi Annual ( ) Quarterly ( ) Monthly ( )  
Type of Policy? Term ( ) Whole Life ( ) Universal Life ( ) Other? \_\_\_\_\_  
Type of Insurance? Individual ( ) Second to Die ( ) Key Man ( ) Other \_\_\_\_\_  
Insured? First Insured ( ) Second Insured ( ) Both ( )

**POLICY # 2**

Policy Issue Date \_\_\_\_\_ Contestability Period \_\_\_\_\_ Yrs Face Amount \$ \_\_\_\_\_  
Cash/Account Surrender Value \$ \_\_\_\_\_ Policy Loan \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %  
Premium Payment: \$ \_\_\_\_\_ Mode?: Annual ( ) Semi Annual ( ) Quarterly ( ) Monthly ( )  
Type of Policy? Term ( ) Whole Life ( ) Universal Life ( ) Other? \_\_\_\_\_  
Type of Insurance? Individual ( ) Second to Die ( ) Key Man ( ) Other \_\_\_\_\_  
Insured? First Insured ( ) Second Insured ( ) Both ( )

**POLICY # 3**

Policy Issue Date \_\_\_\_\_ Contestability Period \_\_\_\_\_ Yrs Face Amount \$ \_\_\_\_\_  
Cash/Account Surrender Value \$ \_\_\_\_\_ Policy Loan \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_ %  
Premium Payment: \$ \_\_\_\_\_ Mode?: Annual ( ) Semi Annual ( ) Quarterly ( ) Monthly ( )  
Type of Policy? Term ( ) Whole Life ( ) Universal Life ( ) Other? \_\_\_\_\_  
Type of Insurance? Individual ( ) Second to Die ( ) Key Man ( ) Other \_\_\_\_\_  
Insured? First Insured ( ) Second Insured ( ) Both ( )

**3. MEDICAL INFORMATION SUMMARY**

**FIRST INSURED:** Present Table Rating \_\_\_\_\_ Medical Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECOND INSURED:** Present Table Rating \_\_\_\_\_ Medical Condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED BY:** Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Tel: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

**PLEASE FAX TO: 1 - 877 - 794 6946**