INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

SPIA PROGRAM

Informal Application

Annuitant's Name ______________________________

Social Security # __________ - __________ - __________

Street Address (No PO Box) ______________________________

City ______________ State ______________ Zip______________

Home Phone ______________Work Phone______________

Fax # ______________ E-mail Address______________

Date of Birth ______________ Sex ☐ Female ☐ Male

Insurance Now in Force (**Optional**):

Name of Company	Amount	Year Issued	Plan

Has an application for insurance on insured's life/health ever been declined, rated or modified in any way?
☐ Yes ☐ No If yes, give company and reason ______________________________

____

Has insured smoked: ☐ Cigarettes ☐ Cigars ☐ Cigarillos ☐ Pipe in past 12 months? ☐ No

Please list annuitant's Primary Care Physician:

1) Name ______________
Address ______________
City, State, Zip ______________
Phone # ______________
Date last seen: ______________

2) Name ______________
Address ______________
City, State, Zip ______________
Phone # ______________
Specialty: ______________
Date last seen: ______________

Please list Specialists that insured has seen:

1) Name ______________
Address ______________
City, State, Zip ______________
Phone # ______________
Specialty: ______________
Date last seen: ______________

3) Name ______________
Address ______________
City, State, Zip ______________
Phone # ______________
Specialty: ______________
Date last seen: ______________

Agent Information

Representing Agent______________ SS#______________
Address ______________________________
City ______________ State ______________ Zip ______________
Phone ______________ Fax______________ Email ______________
Agent Signature ______________ Date______________

SPIA PROGRAM
Health Questionnaire

1. (a) Insured 1: Height_____________ Weight____________ □ Gain □ Loss in past year? __________ lbs.

2. Within the past 10 years has the insured been treated or diagnosed by a physician as having:
(**Circle** conditions to which "yes" answer applies and give details in number 4 below.)

	Insd. 1 Yes	No
(a) Disorder of brain or spinal cord, paralysis, mental disorder, epilepsy, stroke, convulsions, chronic headaches.	□	□
(b) Asthma, bronchitis, emphysema, tuberculosis or other disorder of the lungs or respiratory system…………	□	□
(c) High blood pressure, heart attack, heart murmur, chest pain or other disorder of the heart or blood vessels…	□	□
(d) Any disorder of the esophagus, stomach, intestines, liver or pancreas…………………………………………	□	□
(e) Sugar or blood in the urine, chronic inflammation or other disorder of the kidneys……………………………	□	□
(f) Cancer, tumor or disorder of the prostate or reproductive organs………………………………………………	□	□
(g) Arthritis, osteoporosis or other disorder of the muscles, skin or bones including joints or spine………………	□	□
(h) Diabetes, recurrent infections, enlarged lymph glands, anemia, excess fatigue or other disorders of the glandular or blood systems………………………………………………………………………………	□	□
(i) Been on, or advised to be on any medication or prescribed diet………………………………………………	□	□
(j) Ever used or currently using tobacco or nicotine products (give details)………………………………………	□	□
(k) Ever been or is currently a member of any alcohol or drug rehabilitation program……………………………	□	□
(l) Had a brother, sister, or parent who had and/or died from cancer, diabetes, stroke, heart or kidney disease…..	□	□

3. Please describe any other health issues not mentioned above & list all medications:

____
____
____
____
____
____
____
____

4.

Insured's Name	Question Number	Date of Diagnosis	Diagnosis – Medication Prescribed

171 South Anita Drive, Suite 102 Orange, CA 92868
P: 800-914-9483 F: 714-634-3972
www.IMS4U.net

HIPAA Underwriting Authorization

I hereby understand the necessity for personal medical information to be released to facilitate complete and thorough underwriting. Therefore, I authorize any health care provider, not limited to any one type or source, to release all personal medical records, including information related to the diagnosis or treatment of Human Immunodeficiency Virus, sexually transmitted diseases, suicidal or mental disorders, and all other information concerning my health to Insurance Marketing Services.

I authorize and instruct my insurance providers to release and disclose my entire medical record without delay or restriction.

This personal and protected health documentation is to be released and disclosed to Insurance Marketing Services, for the purpose of underwriting decision, to obtain insurance, and to authorize other legally permitted actions that relate to coverage for which I have applied with any of the insurance institutions named in this document

This document is valid for a period of no longer than 24 months following the date of my signature. If for any reason I wish to terminate this document I may do so in writing to:

Insurance Marketing Services
171 So. Anita Dr. #102
Orange, CA 92868

A revocation is not effective if any of my providers have relied on this information or to contest the policy itself. I also understand that information disclosed pursuant to this authorization may be disclosed and no longer covered by certain federal rules governing privacy.

The applicant agrees and understands that the applicant has filed an application with Insurance Marketing Services, Inc. for life insurance or to secure another financial product or service. During this application Insurance Marketing Services, Inc., has asked for underwriting information and medical necessities from the applicant. This information will be provided to and shared with potential underwriters, staff, and internal support for the sole purpose of underwriting. This information may be stored in an electronic database in which internal users may have access for review. This electronic storage of information allows underwriters and staff to review the stored information real-time for efficient decision making. Secure measures are always strictly enforced to protect unauthorized users from gaining access to this secure information. However, Insurance Marketing Services, its affiliate company, shareholder, staff, or any other associate member of Insurance Marketing Services Inc., is not liable or responsible if a security breach occurs due hackers or others who gain access.

The applicant will hold Insurance Marketing Services, Inc. harmless for any unauthorized access to or use of by any person or company any of the above information.

Privacy Policy

Due Diligence

Insurance Marketing Services, Inc., may collect public, non-public, and private personal health and financial information about you from any, or all, of the following sources:

1. Information received from your personal application, additional forms and questionnaires.

2. Personal business transactions with the aforementioned institutions and product sponsors.
3. Third-party, non-affiliate companies, such as credit reporting agencies.
4. Affiliated and unaffiliated product sponsors in which we have a solicitation agreement with and whose products you may personally own.

Disclosure of Information

Insurance Marketing Services, Inc., does not share non-public or private information about our past, present, or future clients with any third party except where permitted by law. Insurance Marketing Services, Inc., will not share any of this information for marketing purposes except where permitted by law.

Examples of third parties that we would likely share information with include, but are not limited to:

1. Insurance institutions, financial institutions, insurance support companies, and other entities which directly affect and influence purchases and sales of insurance and the maintenance of your personal insurance coverage of accounts.
2. Securities clearing agencies.
3. Third-party investment advisory forms where we maintain relationships for the management of customer accounts.
4. Regulatory or federal, state, or municipal authorities.
5. Record keeping companies.

Protection of Information

Insurance Marketing Service, Inc., is determined to uphold and enforce the strictest security measures available today. It is our duty to update these systems periodically. Your information as mentioned above is only available to parties requiring access to process, underwrite, and service your account. These safeguards are constantly monitored to ensure protection within federal, state, and municipal regulations.

The insurance carriers represented below uphold the highest degree of security and confidentiality. The applicant has reviewed the companies listed below and understands that any or all of the institutions listed may be used to secure the best insurance or financial offer.

- **AIG/American General**
- **Allianz**
- **American National**
- **AVIVA**
- **AXA**
- **Banner**
- **Fidelity Life**
- **Genworth**
- **IMS Settlements, LLC**
- **ING**
- **John Hancock**
- **Lincoln Benefit**
- **Lincoln National**
- **MetLife Investors**
- **Mutual of Omaha**
- **NACOLAH**
- **Old Mutual**
- **PennMutual**
- **Principal Financial**
- **Protective Life**
- **Prudential**
- **Transamerica**
- **Union Central**
- **United of Omaha**
- **West Coast Life**
- ______________________

Signature Authorization

I have read and completely understand this document. I have the right to rescind my authorization as described in page 1, paragraph 4. I have received a copy of this document. I agree this document shall be valid for a period of twenty-four (24) months from the date below.

____
Signature of Proposed Annuitant

____
Printed Name of Proposed Annuitant

____
Signed on this date

____
City State

____
Signature of Witness

SPIA PROGRAM

Disclosure & Acknowledgment

Any illustration or case example which has been provided or shown to you is for your information only. It may not be distributed to anyone else without the express written consent of IMS. Any illustration scenario is provided for informational and illustrative purposes only and is not to be used or considered as an offer to sell, or a solicitation of an offer to buy, any security or other financial instrument, or an offer to provide investment or financing services in any state or country where such an offer, solicitation or provision would be illegal. The actual performance of your product will, in all likelihood, vary (perhaps significantly) from any illustrations shown to you. All illustrated scenarios are based on the current expectation of future performance. Actual performance is dependent upon the actual interest rates, underwriting and other factors if the application is approved. Any illustrations shown to you are not a commitment to fund a loan, purchase an insurance product, or charge a certain rate of interest as it is based on market information of current expectation of future interest rates.

Any discussions or results based on hypothetical projections or past performance have inherent limitations and should not be taken as an indication of future results. There is no certainty that the parameters and assumptions used can be duplicated since the actual performance of a product is dependent upon the actual interest rates and medical underwriting. You will receive a separate notice indicating the lender's and carrier's decision on your application, which shall be based upon, among other things, certain facts and circumstances relating to the structure of the transaction. Nothing in this application or any illustrations provided to you by IMS constitutes investment, legal, accounting or tax advice, or a representation that any investment or strategy is suitable or appropriate to your individual circumstances. In all cases, interested parties should conduct their own analysis and make an independent assessment of the merits of pursuing the transaction described and should consult their own professional advisors.

I represent and warrant that the information contained in this application is correct and accurate and you may rely thereon and that I will immediately notify IMS of any changes of the information. I further give my consent to IMS and its agents to release this application and all information gathered while processing it as necessary for the sole purpose of obtaining insurance products (life insurance, or annuity) and any premium financing. I acknowledge that I am submitting this application for IMS to evaluate the possibility of obtaining a life insurance policy or Single Premium Immediate Annuity and for financing the necessary premiums, and that IMS is under no obligation to finance your premiums or to obtain life insurance coverage or an annuity. I acknowledge I may be contacted by IMS regarding the information contained in this application. I also acknowledge that neither IMS nor any of its affiliates or representatives have made any representations or provided any advice concerning the possible tax consequences or treatment of the transaction proposed.

Signature

I have read and completely understand this document. I have received or will receive a copy of this document.

____
Signature of Proposed Annuitant

____
Printed Name of Proposed Annuitant

____
Signed on this date

____
City, State

____
Signature of Witness

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SPIA PROGRAM
AGENT & AGENCY OF RECORD LETTER

I, ____ , have agreed to consider obtaining a SPIA policy by participating in one of our ***SPIA Programs***. As part of this consideration Insurance Marketing Services, Inc. will make its best effort to obtain approval for a new SPIA policy and IMS will make its best efforts to obtain Funding approval from our institutional lending sources. Additionally, the insured(s) will make his/her best efforts to maintain the Agent of Record & Agency of Record relationship established herein and agrees to notify IMS within 3 business days if an application is submitted to another Company for any consideration of obtaining Life Insurance or an annuity.

My Agent of Record for any ***SPIA Program*** is:____ ,
and my ***SPIA Program*** Agency of Record is Insurance Marketing Services, Inc..

____ ___________________________________

Signature of Annuitant Date

____

Address

____ ___________________________________

Witness Date

____

Printed Name of Witness

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