

Life Application Fax Transmittal Sheet

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Fax Date: _____ Agent Name: _____
Client Name: _____ Agent Number: _____
Product: _____ Face Amount: _____

Check all applicable options:

- Conversion Partner Policies:
 Draft Initial Premium
 Credit Card Initial Premium
 Replacement
 1035 Exchange

Name	SSN		

Special Instructions: _____

Please provide the name and phone number of the individual who should be contacted in the event of fax transmission failure or poor transmission quality.

Contact: _____ Phone: _____

Total Pages: _____ (including cover sheet)

**Please NUMBER each page for purposes of identifying missing or illegible pages.*

**A separate Transmittal Sheet should be used for each application.*

Fax to: 888-519-4287