



LSW

LIFE INSURANCE COMPANY
OF THE SOUTHWEST
member of
NATIONAL LIFE
GROUP



COMPLETE



SIGN

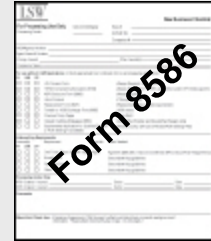


SEND

How to Submit New Business to Life of Southwest

It's easy as one, two, three! Just **COMPLETE, SIGN, SEND!**

1. Complete the LSW New Business Checklist ([Form 8586](#))
2. Attach ALL **COMPLETED** pages of application with required signatures and supplemental information.
3. Must FAX or MAIL (please do not send to BOTH) applications to the following:



LSW New Business FAX



(866) 596-5294

LSW New Business MAIL (postal/overnight address)



AMZ Financial Insurance Services
Attn: Dawn McGowan
4944 Windplay Drive, Ste. 115
El Dorado Hills, CA 95762

LSW SUPPORT STAFF – IOWA OFFICE (866) 204-7712

Please contact [Sheila Kellow](#) (ext. 103), or [Michelle Hoopes](#) (ext. 105) for any of the following:

- Marketing Materials
- SPANISH Forms and Marketing Materials
- Illustration Support
- Underwriting Questions
- Pending Business
- Product Information
- Recruiting Information
- Sales & Advance Market Information

LSW SUPPORT STAFF – CALIFORNIA OFFICE (866) 279-5677

Please contact [Dawn McGowan](#) (ext. 118), our New Business Manager for any of the following:

- New Business

Please contact [Kathy Vice](#) our Contracting/ Manager (ext. 101) for any of the following:

- Contracting/Licensing Information & Forms

LSW MARKETING MATERIALS AND SUPPLIES

Go to https://www.lifeofsouthwest.com/secure/dataapps/forms/form_main_search.asp. (Valid User ID and Password Required)



New Business Checklist

For Processing Use Only

Processing Center _____

Date (mm/dd/yyyy) _____

Base # _____

Alt/Add'l #'s _____

Companion # _____

MGA/Agency Number _____

Agent Name & Number _____

Primary Insured _____ Other Insured(s) _____

Companion Name _____

For use with all LSW Applications (Check appropriate box to indicate form is accompanying application)

PI OIR CP

- HIV Consent Form *(Always Required, State specific)*
- HIPAA Compliant Authorization (8164) *(Always Required for PI, OIR, and children under CTR, State specific)*
- ABR Disclosure Form (8083) *(Always Required)*
- Initial Premium *(If Receipt is given)*
- Replacement Form (8027) *(Replacement cases or State requirement)*
- Transfer or 1035 Exchange Form (9685) *(1035 cases)*
- Previous Policy Pages *(Jump Start)*
- Interest Crediting Strategies (8410) *(SecurePlus Provider and SecurePlus Paragon only)*
- Supplemental Application for Qualified Pension or Profit Sharing Trust (8533) *(Needed if policy will fund a Pension/Profit Sharing Plan)*

Underwriting Requirements

Insured(s)	Requirement	Provider	When Needed
PI OIR CP			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Oral Fluids Taken <i>(IFA/IPA only)</i>	Agent	Age 50 & \$200,000 or less (non-preferred) N/A to SecurePlus Paragon/Horizon
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Blood & HOS		See underwriting guidelines
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Para-med Exam		See underwriting guidelines
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other		See underwriting guidelines

Processing Center Only

APS Ordered Insured: _____ Doctor _____ Date _____

APS Ordered Insured: _____ Doctor _____ Date _____

Comments

Attach Void Check Here *(If premium frequency is COM, be sure to attach void check here or provide savings account information. Please attach check with glue or tape. Do not staple.)*