CONFIDENTIAL

From the Desk of Sheldon Robertson

702-931-7301 sheldonr.infinitebanking@gmail.com

If you answer these questions and email them to me or take a picture and text them to me before we meet we can complete the application in about 20 minutes or less.

How much would you like to pay monthly? $

Owner of Policy:

Full Legal name:

Date of Birth:

Birth State:

Owner of Policy:

Full Legal name:

Date of Birth:

Birth State:

Home address:

Driver license #:

State of Issue:

Social Security #

Height:

Weight:

Driver license #:

State of Issue:

Social Security #

Height:

Weight:

Place of Employment:

Your position:

Years of Employment:

Place of Employment:

Your position:

Years of Employment:

Email Address:

Cell #

Email Address:

Cell #

Beneficiary/Beneficiaries:

Relationship to you:

Contingent Beneficiary:

Relationship to you:

Do you have a personal Physician?

Name of your doctor, address, and phone number:

What was the reason for the last visit:

Date of your last visit:

Was any medication prescribed?

If so, what is the name and dosage and what is it for:

When did you start taking it:

Bank name:

Account #

Routing #

These are the basic questions for your application. Answer what you can and get back to me.

If you get this information to me as soon as you can, I will have your application ready to go, and then it’s just a matter of checking to make sure everything is correct, and you answer the medical questions. All the verification and answering questions shouldn’t take more than 20 minutes.