



SUPPLY REQUISITION

Liberty Bankers and Capitol Life Insurance Companies

1605 LBJ Freeway Suite 710, Dallas, TX 75234 Telephone: 469-522-4306 FAX: 214-204-9186

Agent Name: _____ **Telephone #:** _____ **Agent#:** _____

Address : *** _____

	Quantity	Description
New Business		Worksheet for Paperless Application for Final Expense
Applications		Life Application for Whole Life and Term (indicate state(s): ____ / ____ / ____)
And Forms		Supplemental App for Child and Grandchild Rider (indicate state(s)): ____ / ____ / ____
		Bank Draft/HIPAA Form
		PAID Form Direct Express Cards/HIPAA
		Replacement Form (please indicate State(s): ____ / ____ / ____)
		Application Fax Check List
		LBL Self Addressed Envelopes to New Business
Client Sales		Presentation Brochure: SIMPL Pref/Std/Modified WL
Aids		Proposal Worksheets: PermaTerm 20 <i>Plus</i> /PrimeTerm 70 <i>Plus</i> /Med-Free Term/Flex4Life
		Modified Whole Life Description:
		Final Expense Needs Analysis
Rate		
Information		SIMPL Pref/Std/ModWL Rate Book
		Flex 4 Life Rates
		PermaTerm 20 <i>Plus</i> Rate Card
		PrimeTerm 70 <i>Plus</i> Rate Card
		Med-Free Term Rates
Underwriting		Life Underwriting Requirements
Information		
		Supply Request Form

*****Note: If you do not put your address on this form, we will NOT ship your supplies.**

Revised 05/01/2015