Canada Life™

Pre/post issue checklist

(insert branch information here)

Send to Case co-ordinator:	**Advisor:** **Advisor Code:**
Address:	**Contact name:**
	Contact email: **Date:**
	Insured (s):

Application cover page/checklist

☐ Client name	☐ Plan
☐ Date of birth	☐ Face amount
☐ Address	☐ Beneficiary
☐ Smoking status included	☐ Advisor license #, name and office
☐ Replacement form	☐ Illustration
☐ Surrender form	☐ Yes ☐ No - Initial age and amount requirements ordered
☐ Initial premium cheque $ _____	☐ Pmed ☐ Vitals ☐ Blood Profile ☐ ECG ☐ Other _____

Settling requirements - policy # _____

☐ Initial premium cheque $ _____	☐ Amendment(s)
☐ Void cheque	☐ Questionnaire _____
☐ PAC authorization	☐ Identification # _____
☐ Policy delivery receipt	☐ Declaration of continued insurability
☐ Signed illustration	☐ Other _____

Notes/special Instructions:

Return settling requirements to: _____