

Farm Bureau Life Insurance Company
5400 University Avenue
West Des Moines, Iowa
50266-5997



FARM BUREAU FINANCIAL SERVICES

CLIENT DATA FORM

Proposed Insured:

First Name: _____ Middle: _____ Last: _____

Birthday: _____ Owner: Yes No SSN: _____ Membership #: _____

Tobacco: Yes No Address: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____ @ _____

Driver License #: n/a State: _____ Job: n/a Employer: _____

Annual Income: n/a Family Net Worth: _____ Birth State: _____

Death Benefit: _____ Policy Plan: _____ Riders: _____

Is the client applying for Temporary Life Insurance? Yes No

If "Yes" to Temporary Life Insurance, amount of Initial Premium: \$ _____

Unless and until the client has paid an initial premium by check or by providing EFT/Bank information below and signed and received a Temporary Life Insurance Agreement, there is no coverage provided.

Owner (if other than Proposed Insured):

Relationship: Mom or Dad Name: _____ (First) _____ (Middle) _____ (Last)

Birthday: _____ SSN: _____

Primary Beneficiary:

Relationship: _____ Name: _____ (First) _____ (Middle) _____ (Last)

Birthday: _____

Contingent Beneficiary:

Relationship: _____ Name: _____ (First) _____ (Middle) _____ (Last)

Birthday: _____

Existing Coverage/Replacement:

Have other coverage? Yes No Permanent \$: _____ Term \$: _____

Replacing this coverage? Yes No Other Coverage Company: _____

Other Policy #: _____ Other Coverage Issue Date: _____

Coverage on Spouse? Yes No Amount: _____

EFT/Bank Information:

Preferred EFT Date: _____ Bank Name: _____

Account #: _____ Routing #: _____ EFT Date: _____

Children's Term Rider:

Children Names: _____

Children Dates of Birth: _____

Children Heights: _____ Children Weights: _____

I understand this Client Data Form is merely to facilitate a possible insurance transaction and I understand that this is NOT a substitute for the actual application and appropriate disclosures which will follow.

Client Signature: _____ Date: _____

AGENT: If you are collecting a check or the Electronic Initial Premium form is being completed within the eApp system leave one copy of the TIA form with the client and put signed copy in your file