

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