



A Transamerica company

**EXPRESS ISSUE COVER SHEET**  
(Please submit completed sheet with every application)

<b>Agent Information</b>		
Agent Name (Print)	Agent Email	Agent Phone (       )
Agent ID	Office ID	Agent Fax (       )
<b>Proposed Insured(s) Information</b>		
Insured's name(s) (Print)		Last 4 digits of Insured's social security #
<p>Required Forms with Application:</p> <p><input type="checkbox"/> HIPAA Authorization Form</p> <p>Other Disclosures (if applicable):</p> <p><input type="checkbox"/> Accelerated Death Benefit Disclosure Form (Final Expense Sale Only)      <input type="checkbox"/> Replacement Form(s)</p> <p><input type="checkbox"/> Other State Disclosures      <input type="checkbox"/> Agent Certification (Medicare Supplement Sale Only)</p>		
<p>How are you paying the Initial Premium?</p> <p><input type="checkbox"/> By Check: Available with all methods, but must be used if subsequent payments are quarterly, semi-annual or annual</p> <p><input type="checkbox"/> Draft initial premium and applicable app fees upon receipt</p> <p><b>We will draft the initial premium plus any applicable app fees upon receipt of the application. Future payments will be taken on the specified date found in the Billing Information Section of the Application.</b></p>		
<p><b>Submitting Application to Stonebridge: (Faxing is the preferred method)</b></p> <p>If faxing, fax to 1-866-834-0437 and enter date faxed _____. <b>Do not mail originals if faxing.</b></p> <p>If mailing the application and/or check for initial premium please send with cover sheet to:</p> <p><b>Stonebridge Life, 4333 Edgewood Road NE, Cedar Rapids, IA 52499</b></p>		