

FAX SUPPLY ORDER FORM

All sections must be filled-in completely to process your order.

Producer Number: _____ **Date:** _____

Name: _____

Company: _____

Address:* _____ ***street address, UPS ONLY***

Person placing order: _____ **Phone #:** _____

****Please use product abbreviations. This information is required to process your order.**

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|-----------------------------------|--------------------------------|--|
| Medicare Supplement - MS | Long-Term Care - LTC | Whole Life Express- WLE |
| United World Med Supp - UW | LTC Mutual Care EZ - EZ | Universal Life - UL |
| Medicare Part D - Part D | Disability Income - DI | Term Portfolio 10-15-20-30 - Term |
| Med Supp/ WLE - Combo | Critical Illness - CI | GULE/C - GUL |
| | Fixed Annuities - FA | Term Life Express/complete- TLC/E |

KITS

| PRODUCT** | STATE | QUANTITY | KIT TYPE |
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Bulk Supply of Individual Forms/Materials

| PRODUCT** | STATE | QUANTITY | FORM NUMBER | DESCRIPTION |
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Fax completed order form to: 402 – 351 – 2456

Questions: Call Broker's Supply Department 800 – 693 – 6083 opt. 2