



SENTINEL LIFE

**THE SENTINEL PLAN SM
NEW VANTAGE SM I, II, III**

SUPPLY REQUISITION - FINAL EXPENSE

To Order: Fax (801) 484-2459

Forms Requested for the State (s) of _____ Date : _____

Agent/Agency Name:		Agent Number:	
Street Address:			
City:	State:	Zip:	
Phone Number:	Fax Number:		

SALES KITS

Each Sales Kit Includes:

- 10 Applications
- 10 Small Brochure Explaining New VantageSM I,II, III
- 10 Large Brochure Pocket Folder Explaining Final Expense and Medicare Supplement/
Medicare Select Policies
- 5 New Business Envelopes
- 5 Postage Paid Envelopes (8 1/2 x 4")

Sales Kit	Quantity

Individual Piece Supplies

	Quantity
Final Expense Application	
Rates and Underwriting Guide Booklet (available on line)	
Small Brochure Explaining New Vantage SM I,II, III	
Large Brochure	
New Business Envelopes	
Postage Paid Envelopes	

Sentinellife.org