

Funeral Expense Trust Intake Form - Rev. 12/12/2023

Instructions: Completing this form will generate a paperless irrevocable funeral expense trust application. Applicant will sign by email, pay electronically, and receive policy by mail.

Attorney Name _____ Phone _____

Durable Power of Attorney Signing? Yes No (if yes, attach copy of DPOA)

Applicant Name _____

Address _____

Phone _____ Email _____

Date of Birth _____ Sex _____ Social Security # _____

Amount of Coverage Requested? (Max \$15,000) - Amount \$ _____

Does proposed insured own any existing life insurance or annuity contracts? Yes No

Will new insurance replace or change any existing life insurance or annuities? Yes No

If yes, provide name of insurance company _____

Policy Number _____

Beneficiary Name _____ Beneficiary Phone _____

Beneficiary Address _____

City _____ State _____ Zip Code _____

Automated Payment Authorized <i>(Please attach a voided check)</i>			
Name of Financial Institution	Routing Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Withdraw Premium Immediately

Withdraw Premium On This Date _____

Fax or Email Completed Form to (Fax) 440-445-0606 or craig@gateway-advisors.net

Contact Craig Hannus at:

(Office) 440-709-6563

(Cell) 440-209-8700