

New Business Transmittal Form

Life Brokerage Partners Group

Complete this SECTION for Agent's FIRST PIECE OF BUSINESS Only

Agent Name: _____ Date L&C Paperwork submitted to Home Office: _____
Agent Code Number: _____
If Code Number not yet assigned, Agent's SSN or TIN: _____

Policy Number _____ Applicant Name _____ DOB _____
Agency Number _____ Agency Name _____
Agent/Service Number _____ Agent Name _____

- New Application
- Underwriting Requirements
- Delivery Requirements
- Reissue (Indicate instructions below)
- Other _____
- Informal/Trial App (Quote - Authorization required w/personal information)
- Previous Informal/Trial/Quick Quote Number _____

CONTACT INFORMATION FOR CASE FOLLOW UP

Name: _____
Phone: _____ ext: _____
Fax: _____
E-mail: _____

SPECIAL INSTRUCTIONS

- This is a Companion Case
- More than one application on same applicant _____
- If approved other than applied for, do not issue until we have confirmed applicant's interest in accepting offer
- At approval, hold for issue instructions Draft Initial Premium
- Issue w/Companion Policy # _____

ePOLICY DELIVERY INSTRUCTIONS (Availability varies by product and distribution channel)

ePolicy Delivery (Deliver this policy electronically to the policy owner email address on the application)
*policy owner email address must be provided on application.

OTHER INFORMATION

APS: _____ Agent Ordered Carrier Ordered Dr. Name: _____
APS: _____ Agent Ordered Carrier Ordered Dr. Name: _____
Inspection Report: _____ Agent Ordered Carrier Ordered

OTHER SPECIAL INSTRUCTIONS

Remember: <https://www.corebridgefinancial.com/connext> is your source for policy and form information.
By providing complete and accurate information, processing time can be expedited.

