



**Continental Life Insurance Company
of Brentwood, Tennessee (CLI)**

An Aetna Company

Protection SeriesSM —

**Final Expense New Business
Faxed Application Cover Sheet**

PAGES
(including cover)

DATE

To: Final Expense New Business

Date: _____ Fax: 877-380-2777

From: _____

Phone: _____ Fax: _____

Email: _____

Initial Premium Method: ☐ EFT or ☐ Direct Bill (check or money order mailed separately)
Unless otherwise indicated, policy will be mailed to agent.

Name of Applicant(s):

Comments:

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