



Underwritten by  
**Lumico Life Insurance Company**  
**Elips Life Insurance Company**

**Fax Application Transmittal Cover Sheet**  
**Please fax to 1-833-522-4001**

**Important:**

Use this form for **NEW** application submissions.  
Only applications paying the initial premium by bank draft should be faxed.  
**DO NOT collect premium with an application that is being faxed.**  
All applications submitted with this form must be written by the same agent.  
Please use one transmittal per application.  
Do **not** mail in applications/forms once you have faxed them. Original copies should be maintained in case of fax transmission problems.  
Complete all Agent information in the box below.  
DO NOT fax documents or corrections requested by Underwriting to the number below (2<sup>nd</sup> applications, replacement forms or other additional documents).

|  |                   |
|--|-------------------|
| Agent Name: _____  | Agent Writing     |
| # _____  |                   |
| Phone Number: _____  | Fax Number: _____ |
| Total number of pages being faxed (including cover sheet): _____ |                   |

Please submit forms in this order:

- Application
- Replacement form (if applicable)
- Other state specific required forms (if applicable)
- Guaranteed Issue documentation (if applicable)
- Signed bank draft authorization (if applicable)
- Copy of a voided check on a separate sheet of paper

| Applicant<br>First & Last Name | Plan<br>Applied<br>For: | Initial Premium<br>Amount to be drafted<br>(include policy fee) |
|--------------------------------|-------------------------|---|
|                                |                         |   |