ManhattanLife Assurance Fax Application Transmittal Cover Sheet
Please fax to 713-583-2738

Important:
- *Only applications paying the initial premium by bank draft are eligible to be faxed.* The premium will be drafted upon policy issue, or as state laws require, provided there are no outstanding requirements.
- **DO NOT** collect premium with an application that is being faxed.
- All applications submitted with this form must be written by the same agent.
- No more than 5 applications are to be faxed with the Fax Application Transmittal Cover Sheet.
- Do not mail in applications/forms once you have faxed them, original copies should be maintained in case of fax transmission problems.
- It is important to include phone/fax number below. Agents will be contacted if premium amount on fax cover sheet does not match our premium calculation when the application is processed.
- If commissions are to be split between two agents: **both** agents' information as well as split percentage *must* be listed in the *Agent's Certification* section of the application.
  *** Do not refax application(s)/forms unless asked to do so.

Agent Name: _____   Agent Writing # _____

Agency Name: _____

Your Phone Number: _____   Your Fax Number: _____

Total number of pages being faxed: _____   Agent Email Address: _____
(Including cover sheet)

Forms sequence:
1. Application
2. Replacement form (if applicable)
3. Other state specific required forms (if applicable)
4. Guaranteed Issue documentation (if applicable)
5. Signed Bank Draft Authorization
6. Copy of a voided check **(please attach this to the Bank Draft Authorization)**

Note: Initial draft will occur upon policy issue.

Applicant Name: *First, Last Name*	**Selected Plan:**	**Initial Premium Amount to be Drafted** **(please include policy fee)**
1.		
2.		
3.		
4.		
5.		