THE MANHATTAN LIFE INSURANCE COMPANY
10700 Northwest Freeway, Houston, Texas 77092
NEW BUSINESS TRANSMITTAL
INTERNATIONAL BUSINESS

Applicant:
Name_____
(Last) **(First)** **(M.I.)**

Agent_____ **Agent #** _____

Face Amount _____ **Plan** _____**Death Benefit Option:** ❑ **A** ❑ **B**

_____

MLIC Policy Number ___ ___ ___ ___ ___ ___ ___ ___

LabOne Slip #_____ _____
(Applicant) (Spouse)

Enclosed With Application:

❑ M.D. Exam
❑ DBS or ❑ DBS Results
❑ SMA18
❑ HIV Consent Form
❑ W-8 BEN
❑ Proposal
❑ Check $_____

❑ Photo ID
❑ Urinalysis
❑ EKG Normal/Treadmill
❑ APS_____
❑ Bank Draft Auth.

❑ Rider _____
❑ Preferred ❑ Non Nicotine
❑ Nicotine
❑ Aids Exclusion Requested
❑ Other _____

❑ I.R. Order Date _____
❑ Requested Effective Date _____
❑ Application Date _____

❑ D.O.B_____ /_____ /_____ ❑ D.O.B. (Spouse rider) _____ /_____ /_____

Amount below Include Applicable Policy Fee:
Total Amount Paid with Application $_____

Initial Premium (For Receipt) $_____ (without fee)
Amount to be billed for $_____ (with fee)

Premium Mode: ❑ Annual ❑ Semi-Annual ❑ Quarterly ❑ Monthly ❑ Single Prem

Special
Intructions_____
_____
_____

Prepared and Checked By:_____ Date_____

ML-5023