

**SUPPLEMENT TO LIFE INSURANCE APPLICATION
COVER PAGE - PART 1**

Complete the following information and attach to the OM Financial, Genworth Life, ING Life, or Banner Life application. Send the application and cover sheet to First Resource Group to the address below.

APPLICANT NAME (If joint application, complete two cover pages)	
LOAN # (10 DIGITS)	
CIF # (10 DIGITS) (Please put in the preceding zeros)	
ASSOCIATION NAME	
ASSOCIATION # 3 DIGITS (Please put in the preceding entity code of 2 – FLCA, 3 – ACA, or 4 – PCA for accounting purposes)	
BRANCH # (3 DIGITS)	
LOAN OFFICER # (3 DIGITS)	
AGENT/LOAN OFFICER NAME:	
CHECK ONE: CUSTOMER POLICY _____ EMPLOYEE POLICY _____	

PART 2

Below is the breakdown for the requested insurance coverage. Please process any excess coverage as a sales lead for our association.

TOTAL FCS INDEBTEDNESS/COMMITMENT	\$
AMOUNT OF EXCESS INSURANCE COVERAGE:	\$
TOTAL AMOUNT OF INSURANCE COVERAGE REQUESTED:	\$
PREMIUM QUOTED TO CLIENT FOR TOTAL AMOUNT OF COVERAGE	\$

NOTE: Referrals on coverage amounts that exceed total FCS indebtedness/commitment will not appear on data transferred electronically to the Related Services System (RSS). Only the amount of the total indebtedness/commitment will appear on the RSS Activity and Fee file.

SEND THE OM FINANCIAL, GENWORTH LIFE, OR BANNER LIFE APPLICATION AND THIS COVER PAGE TO FIRST RESOURCE GROUP AT THE FOLLOWING:

First Resource Group
1987 Old Hwy 8 NW
New Brighton, MN 55112