

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 765 (2004/01)</b>	<b>Agent's Report</b>	ACORD 765 is a standard Agent's Report, accepted by multiple carriers. This form is used to answer questions that relate to the Proposed Insured. This form must be completed by the agent/broker who obtained the application on the Proposed Insured and then sent to the new Carrier. Not all features and benefits offered on this application are available with each carrier's life insurance plans. Be sure to contact your agent or the underwriting carrier to verify the specific benefits available in the plan for which the proposed insured is applying.
<b>IDENTIFICATION SECTION</b>	<b>Name and Address of Insurance Company</b>	Name of Insurance Company must be inserted before this form is used. Use the actual name of the company. Do not use group names.
<b>PROPOSED INSURED</b>	<b>First Name</b>	First name of the proposed insured.
<b>PROPOSED INSURED</b>	<b>Middle Name</b>	Middle name of the proposed insured.
<b>PROPOSED INSURED</b>	<b>Last Name</b>	Last name of the proposed insured.
<b>PROPOSED INSURED</b>	<b>Case ID</b>	Insert the identification number that identifies the case in the agency system.
<b>PROPOSED INSURED</b>	<b>Soc. Sec. # or Government ID #</b>	Social Security Number or Government Identification Number of Proposed Insured.
<b>PROPOSED INSURED</b>	<b>Date of Birth</b>	Indicate the date of birth of proposed insured in MM/DD/YYYY format.
<b>AGENT'S REPORT</b>		The following questions relate to the proposed insured and are to be answered by the agent or broker of record. This must be completed for all applications. If any question is answered "YES", it must be completed in Remarks.

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<b>AGENT'S REPORT</b>	<b>What is the purpose of insurance ?</b>	Check the appropriate box to indicate the purpose of the insurance. If "Other", specify. Give details including financial information. For amounts of \$500,000 or more, financial statements may be requested.
<b>AGENT'S REPORT</b>	<b>Are you related to the Proposed Insured(s)?</b>	If "Yes", state relationship.
<b>AGENT'S REPORT</b>	<b>How long have you known the Proposed Insured(s)?</b>	
<b>AGENT'S REPORT</b>	<b>Do you have any information not presented in this application which might in any way affect this risk?</b>	If "Yes", explain in Remarks.
<b>AGENT'S REPORT</b>	<b>What rate class was quoted?</b>	
<b>AGENT'S REPORT</b>	<b>Have age/amount medical requirements been ordered?</b>	If "Yes", list provider and date of appointment, if known.
<b>AGENT'S REPORT</b>	<b>If the Proposed insured is a Minor</b>	Indicate the amount of insurance in force for each parent or sibling.

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<b>AGENT'S REPORT</b>	<b>Does he/she live with his/her parents?</b>	State the name of the person responsible for the child's support, his or her relationship to the child and how much insurance is on his or her life. If neither this person or the minor is the owner/applicant, explain in Remarks.
<b>AGENT'S REPORT</b>	<b>Were there any Proposed Insured(s) whom you did not see when you took the application?</b>	If "Yes", indicate whom.
<b>AGENT'S REPORT</b>	<b>Does the Proposed Insured speak english?</b>	If "No" answer the questions regarding interpretations.
<b>REMARKS</b>		
<b>COMMISSION</b>	<b>Name of Licensed Producer</b>	Complete for each licensed agent to receive a commission. Total commission shares must equal 100%. Each licensed agent will share equally unless otherwise indicated.
<b>COMMISSION</b>	<b>First Name</b>	First name of the licensed producer.
<b>COMMISSION</b>	<b>Middle Name</b>	Middle name of the licensed producer.
<b>COMMISSION</b>	<b>Last Name</b>	Last name of the licensed producer.
<b>COMMISSION</b>	<b>Soc. Sec. # or Government ID #</b>	Social security number or Government Identification Number of licensed producer.
<b>COMMISSION</b>	<b>Agent Number</b>	The identification number of the Agent.

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<b>COMMISSION</b>	<b>Agency Number</b>	The identification number of the Agency.
<b>COMMISSION</b>	<b>General Agent/Managing Agency Name</b>	The name of the General Agent or Managing General Agency.
<b>COMMISSION</b>	<b>General Agent/Managing Agency Number</b>	The identification number of the General Agent or Managing General Agency.
<b>COMMISSION</b>	<b>Agent's Commission Share %</b>	The percentage of the Commission paid to the Agent for selling the investment.
<b>COMMISSION</b>	<b>Name of Licensed Producer</b>	Complete for each licensed agent to receive a commission. Total commission shares must equal 100%. Each licensed agent will share equally unless otherwise indicated.
<b>COMMISSION</b>	<b>First Name</b>	First name of the licensed producer.
<b>COMMISSION</b>	<b>Middle Name</b>	Middle name of the licensed producer.
<b>COMMISSION</b>	<b>Last Name</b>	Last name of the licensed producer.
<b>COMMISSION</b>	<b>Soc. Sec. # or Government ID #</b>	Social security number or Government Identification Number of licensed producer.
<b>COMMISSION</b>	<b>Agent Number</b>	The identification number of the Agent.
<b>COMMISSION</b>	<b>Agency Number</b>	The identification number of the Agency.
<b>COMMISSION</b>	<b>General Agent/Managing Agency Name</b>	The name of the General Agent or Managing General Agency.
<b>COMMISSION</b>	<b>General Agent/Managing Agency Number</b>	The identification number of the General Agent or Managing General Agency.

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<b>COMMISSION</b>	<b>Agent's Commission Share %</b>	The percentage of the Commission paid to the Agent for selling the investment.
<b>PRODUCER STATEMENT</b>		
<b>PRODUCER STATEMENT</b>	<b>Signature of Producer</b>	The producer must sign this form.
<b>PRODUCER STATEMENT</b>	<b>Date of Birth</b>	Enter date the form was signed by the producer in MM/DD/YYYY format.
<b>PRODUCER STATEMENT</b>	<b>Signature of Producer</b>	The producer must sign this form.
<b>PRODUCER STATEMENT</b>	<b>Date of Birth</b>	Enter date the form was signed by the producer in MM/DD/YYYY format.