

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 764 (2004/03)	Fair Credit Reporting Act Disclosure	ACORD 764 is a standard insurance investigative information practices and consumer report form. This form is signed by the Agent. Not all features and benefits offered on this application are available with each carrier's life insurance plans. Be sure to contact the underwriting carrier to verify the specific benefits available in the plan for which the proposed insured is applying. Applicant should retain a copy of this form for their files.
IDENTIFICATION SECTION	Name and Address of Insurance Company	Name of Insurance Company must be inserted before this form is used. Use the actual name of the company. Do not use group names.
PROPOSED APPLICANT	First Name	First name of the proposed applicant.
PROPOSED APPLICANT	Middle Name	Middle name of the proposed applicant.
PROPOSED APPLICANT	Last Name	Last name of the proposed applicant.
PROPOSED APPLICANT	Soc. Sec. # or Government ID #	Social Security Number or Government Identification Number of proposed applicant.
PROPOSED APPLICANT	Driver's License #	Indicate the proposed applicant's driver's license number.
PROPOSED APPLICANT	State	Indicate the state that issued the proposed applicant's driver's license.
PROPOSED APPLICANT	Proposed Insured's Address Line 1	Address Type Code - Home. Indicate the legal residence of the proposed applicant. Do not use P.O. Box number. Check if this address is the preferred method of mailing.
PROPOSED APPLICANT	Line 2	Residence address - Line 2.
PROPOSED APPLICANT	City	Indicate the city of the address.

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PROPOSED APPLICANT	State	State of the address.
PROPOSED APPLICANT	Zip	Zip code, postal code, etc. (country dependent)
PROPOSED APPLICANT	Date of Birth	Indicate the date of birth of proposed applicant in MM/DD/YYYY format. Date of birth is required for background investigation purposes only, and will be used for no other purpose.