

AIG APPLICATION WORKSHEET

PERSONAL INFO:

Name: _____ Gender: _____

Date of Birth: _____ County/State of Birth: _____

Address: _____

City _____ State: _____ Zip: _____

Phone Number: _____

Social Security Number: _____

Email (Mandatory for CC Payments): _____

BENEFICIARY:

Beneficiary: _____ Relationship: _____

Split Beneficiary: _____ Relationship: _____

COVERAGE:

Coverage Amount: _____

Monthly Premium: _____

Initial Premium Date: _____ Monthly Recurring Due Date: _____

BANKING:

Bank Name/Credit Card Name: _____

Account # _____ Routing # _____

Credit/Debit Card # _____ Exp Date: _____