

COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE
P.O. BOX 4850 • NORCROSS, GA 30091-4850
Phone (800) 305-1335
www.cfglife.com

FAX TO: (877) 261-3266*

APPLICATION FAX COVER SHEET CHECKLIST
Total Number of Pages:

NAME OF PROPOSED INSURED: _____

Before faxing an application, complete the following checklist to ensure prompt processing and service. Please use a separate cover sheet for each application.

Fax the following:

- Properly signed and completed application
- If applying for the Children's Term Insurance Rider, include the rider application
- Any additional forms required (replacement, disclosures, etc.)

If submitting first premium with the application:

- Check for initial premium, made payable to Columbian Life Insurance Company and signed by the account holder (no money orders, cashier's checks or agency checks)
- Signed Authorization to Fax Check, Form No. 5079CFG-U

If first premium will be drafted:

- Voided check or deposit slip from the account to be drafted (checking or savings)

Do not reduce when copying applications. Form number on each form must be legible.

Agent Name: _____

Agent E-Mail Address: _____

Agent Phone No.: _____

***Use this fax number and cover sheet only for Columbian Life applications. If faxing an application for Columbian Mutual Life, use Application Fax Cover Sheet No. 2382-U and dial the fax number indicated on that form.**