

**FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA**  
**LIFE NEW BUSINESS TRANSMITTAL**

UW: \_\_\_\_\_

DATE   
M M / D D / Y Y

AGENT #

**CHILD WHOLE LIFE  
 ONLY**

\_\_\_\_\_  
 (SALES REPRESENTATIVE)

\_\_\_\_\_  
 (SALES DIRECTOR)

DATE RECEIVED STAMP (HOME OFFICE USE)

APPS WRITTEN IN STATE OF: \_\_\_\_\_

INSTRUCTIONS/COMMENTS:

FILE NUMBER (HOME OFFICE USE)	APPLICANT'S NAME (FIRST) (LAST)	PAYMENT ACH / CHECK / DEBIT/CREDIT CARD	PAYMENT MODE A/C (Monthly) / SEMI-ANNUAL / ANNUAL	COLLECTED PREMIUM	TOTAL NUMBER OF INSURED CHILDREN
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
		TOTALS			