

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
LIFE NEW BUSINESS TRANSMITTAL

UW: _____

DATE
M M / D D / Y Y

AGENT #

**HERITAGE LIFE EXTRA
 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		PAYMENT ACH / CHECK / DEBIT/CREDIT CARD	PAYMENT MODE A/C (Monthly) / SEMI-ANNUAL / ANNUAL	COLLECTED PREMIUM
	(FIRST)	(LAST)			
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	2.				
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			TOTALS		