

Completar el nombre, apellido, fecha de nacimiento y Genero del cliente



My Cases

Welcome MARLON CHACON HERNANDEZ ▾

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance
Co.

2024 New Experience -
Financial Foundation IUL

Case Notes

Case Actions ▾

Case Information

Application

Status

Started

Date Modified

07/04/2024

Proposed Insured

First Name

DONALDO

Last Name

MARTINEZ PORTO

Date of Birth

04 / 13 / 1972

Age

52

Gender

Male ▾

Case Description

Life Illustrator Case 07/04/24 11:24am

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Selecciona el Estado, recuerda debes tener licencia y appointment con Transamerica activo y seleccionar el producto

DONALDO MARTINEZ PORTO

Date of Birth: 04 / 13 / 1972 Age: 52 Gender: Male

Case Description
Life Illustrator Case 07/04/24 11:24am
(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product
State: Texas Product Type: Indexed Universal Life [Find Available Products](#)

Product 2024 New Experience - Financial Foundation IUL [Show My Selected Product](#) [Show All Available Products](#)

Carrier ▲	Product	iGO e-App
	2024 New Experience - Financial Foundation IUL	Select e-Sign

Aquí se completa la información de nosotros como Agentes autorizados

TRANSAMERICA My Cases Welcome **MARLON CHACON HERNANDEZ**

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance Co. 2024 New Experience - Financial Foundation IUL

Case Notes Save View Forms Case Actions

Case Information **Application**

Licensing
 Illustration Acknowledgement
 Proposed Primary Insured
 Proposed Primary Insured, Cont.
 Proposed Primary Insured - Citizenship
 Other Insurance
 Owner
 Beneficiary Information
 Secondary Addressee

Licensing

Agent Information

Writing Agent First Name	Writing Agent Last Name
MARLON	CHACON HERNANDEZ
Agent Number	
96TAL	
Office Id	Agent Profile
108WF	P01
Agent Email	
MARLONCHACON139@YAHOO.COM	

Aquí se completa la información de nosotros como Agentes autorizados

 My Cases Welcome **MARLON CHACON HERNANDEZ** ▾

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance Co.

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Case Information **Application**

- ✔ Licensing
- ✔ Illustration Acknowledgement
- ✔ Proposed Primary Insured
- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured - Citizenship
- ✔ Other Insurance
- ✔ Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee

Agent Email
MARLONCHACON139@YAHOO.COM

Phone Number
346-317-4981

Fax Number
_ _ - _ _ - _ _

Agent Percent
100%

Number of additional agents
0 ▾

Info: Email will be used to provide the Underwriting status and decision.

Next >

Aquí marcar y continuar, este mensaje aparece cuando la aplicación viene generada desde una ilustración

The screenshot shows the Transamerica application interface. At the top, there is a blue header with the Transamerica logo on the left and 'My Cases Welcome MARLON CHACON HERNANDEZ' on the right. Below the header, the case information is displayed: 'MARTINEZ PORTO, DONALDO', 'Transamerica Life Insurance Co.', and '2024 New Experience - Financial Foundation IUL'. There are buttons for 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown menu. The main content area has two tabs: 'Case Information' and 'Application', with 'Application' being the active tab. On the left side, there is a vertical navigation menu with several items, each with a green checkmark: 'Licensing', 'Illustration Acknowledgement', 'Proposed Primary Insured', 'Proposed Primary Insured, Cont.', 'Proposed Primary Insured - Citizenship', 'Other Insurance', 'Owner', 'Beneficiary Information', and 'Secondary Addressee'. The main content area is titled 'Illustration Acknowledgement' and contains a paragraph of text: 'This case includes an illustration created from the Life Illustrator platform and data associated with that illustration. If any of the following data is changed, in the case, the illustration is invalidated and will be automatically deleted from the case. If the illustration is deleted from the IGO case, you will have the option to re-run another illustration and manually add to the attachment screen, on this case.' Below this text is a list of fields: 'Product', 'Issue State', 'Proposed Insured Age', 'Proposed Insured First Name and Last Name', 'Proposed Insured Gender', 'Coverage Amount', 'Planned Modal Premium', and 'Premium Payment Mode'.

This screenshot is similar to the one on the left, showing the same case information and navigation menu. However, the 'Illustration Acknowledgement' section now includes a confirmation message in a light blue box: ' I Acknowledge that if I change any of the fields listed above, the Illustration PDF will be deleted from the case, and I must then manually attach an Illustration PDF to this case.' Below this message are two buttons: 'Back' and 'Next'.

Aquí se completa la información del Cliente



My Cases

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Transamerica Life Insurance
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Case Notes

Save

View Forms

Case Actions ▾

Case Information

Application

Licensing

Illustration Acknowledgement

Proposed Primary Insured

Proposed Primary Insured, Cont.

Proposed Primary Insured -
Citizenship

Other Insurance

Owner

Beneficiary Information

Secondary Addressee

Proposed Primary Insured

Proposed Primary Insured Personal Information

Legal First Name

DONALDO

Middle Name

Legal Last Name

MARTINEZ PORTO

Suffix

Sr ▾

Date of Birth

04/13/1972

Age

52

Physical Residential Address (Cannot be a P.O. Box)

Country

United States of America ▾

Aquí se completa la información del Cliente y al darle click en el recuadro de Retrieve Customer Information, mucha información empieza a llenarse de forma automática

The screenshot displays the Transamerica application interface. At the top, the Transamerica logo is on the left, and 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the customer name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are listed on the left, and '2024 New Experience - Financial Foundation IUL' is on the right. A toolbar contains 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown menu.

The main content area is divided into two tabs: 'Case Information' and 'Application'. The 'Application' tab is active. On the left, a sidebar lists various sections with status indicators: Licensing (checked), Illustration Acknowledgement (checked), Proposed Primary Insured (checked), Proposed Primary Insured, Cont. (checked), Proposed Primary Insured - Citizenship (checked), Other Insurance (checked), Owner (warning), Beneficiary Information (checked), and Secondary Addressee (checked).

The 'Application' tab contains the following fields:

- Country:** A dropdown menu with 'United States of America' selected.
- Physical Residential Address (Cannot be a P.O. Box):** A text input field containing '18065 APPLE RGD'.
- Apartment / Unit:** A text input field containing '3423 APT'.
- City:** A text input field containing 'DALLAS'.
- U.S. State / Territory:** A dropdown menu with 'Texas' selected.
- Zip Code:** A text input field containing '75287-___'.

At the bottom of the form is a large button labeled 'Retrieve Customer Information'.

Aquí se completa la información del Cliente, y ya hay varios campos que se van llenando automáticamente

 My Cases Welcome **MARLON CHACON HERNANDEZ** ▾

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance Co. 2024 New Experience - Financial Foundation IUL

[Case Notes](#) [Save](#) [View Forms](#) Case Actions ▾

Case Information **Application**

✔ Licensing
✔ Illustration Acknowledgement
✔ Proposed Primary Insured
✔ Proposed Primary Insured, Cont.
✔ Proposed Primary Insured - Citizenship
✔ Other Insurance
! Owner
✔ Beneficiary Information
✔ Secondary Addressee

✔ Success!

Are you a U.S. citizen?
 Yes No

I have:
U.S. Social Security Number ▾

U.S. Social Security Number
***-**-5328 Clear SSN

Place of Birth (Country)
Venezuela ▾

Gender
 Male Female

Marital Status
Married (including common law) ▾

Aquí se completa la información del Cliente, y ya hay varios campos que se van llenando automáticamente

TRANSAMERICA My Cases Welcome **MARLON CHACON HERNANDEZ** ▾

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance Co. | 2024 New Experience - Financial Foundation IUL

Case Notes Save View Forms Case Actions ▾

Case Information **Application**

✔ Licensing
✔ Illustration Acknowledgement
✔ Proposed Primary Insured
✔ Proposed Primary Insured, Cont.
✔ Proposed Primary Insured - Citizenship
✔ Other Insurance
! Owner
✔ Beneficiary Information
✔ Secondary Addressee

Gender
 Male Female

Marital Status
Married (including common law) ▾

Is U.S. Mailing Address same as Physical Residential Address?
 Yes No

U.S. Driver's License / Government ID

Do you have a U.S. Driver's License?
 Yes No

Driver License Options
State: TX Number: 4665**** ▾

Expiration Date
02/22/2025

Aquí se completa la información del Cliente, y ya hay varios campos que se van llenando automáticamente

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TRANSAMERICA

My Cases Welcome MARLON CHACON HERNANDEZ

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance Co.

2024 New Experience -
Financial Foundation IUL

Case Notes Save View Forms Case Actions

Case Information Application

Communication Information

Email address is required to complete the application and related processes electronically. Mobile number is required for client collaboration and text to pin functionality.

Email Address
donaldomartinez@yahoo.es
The email was successfully validated.

Preferred Phone Number Options:
-6784

Licensing
Illustration Acknowledgement
Proposed Primary Insured
Proposed Primary Insured, Cont.
Proposed Primary Insured -
Citizenship
Other Insurance
Owner
Beneficiary Information
Secondary Addressee

Al completar dar click en el boton Validate Primary Insured y dar next

The screenshot displays the Transamerica user interface. At the top, the Transamerica logo is on the left, and 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the case name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are shown on the left, and '2024 New Experience - Financial Foundation IUL' is on the right. A toolbar contains 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown menu. The main content area has two tabs: 'Case Information' and 'Application'. The 'Application' tab is active and shows an email field with 'donaldomartinez@yahoo.es' and a confirmation message 'The email was successfully validated.' Below this is a 'Preferred Phone Number Options' dropdown menu with '-6784' selected. A 'Validate Primary Insured' button is positioned below the dropdown. A green success banner with a checkmark and the text 'Success!' is displayed below the button. At the bottom, there are 'Back' and 'Next' navigation buttons. On the left side, a vertical navigation menu lists various steps: Licensing, Illustration Acknowledgement, Proposed Primary Insured (highlighted in blue), Proposed Primary Insured, Cont., Proposed Primary Insured - Citizenship, Other Insurance, Owner, Beneficiary Information, and Secondary Addressee.

Validar que el cliente no es miembro o va a ser miembro de las fuerzas armadas, incluyendo la reserva

 My Cases Welcome **MARLON CHACON HERNANDEZ** ▾

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[Case Notes](#) [Save](#) [View Forms](#) Case Actions ▾

Case Information **Application**

✔ Licensing
✔ Illustration Acknowledgement
✔ Proposed Primary Insured
✔ **Proposed Primary Insured, Cont.**
✔ Proposed Primary Insured - Citizenship
✔ Other Insurance
! Owner
✔ Beneficiary Information
✔ Secondary Addressee

Proposed Primary Insured, Cont.

Military

Are you a member, or have you entered into a written agreement to become a member, of any armed forces, including reserves?

Yes No

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Completar informacion solicitada



My Cases

Welcome MARLON CHACON HERNANDEZ ▾

MARTINEZ PORTO, DONALDO
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Case Notes

Save

View Forms

Case Actions ▾

Case Information

Application

Proposed Primary Insured - Citizenship

Citizenship Information

i Non-U.S. citizens, please submit a copy of your green card, visa, EAD, I-94, or passport stamp with this application.

Country of Citizenship

Venezuela ▾

Date of entry into the U.S.

11/2019

Please clarify your resident status

Employment Authorization document (EAD) ▾

Employee Authorization Document (EAD)

Employee Authorization Document (EAD)

✔ Licensing

✔ Illustration Acknowledgement

✔ Proposed Primary Insured

✔ Proposed Primary Insured, Cont.

✔ Proposed Primary Insured -
Citizenship

✔ Other Insurance

! Owner

✔ Beneficiary Information

✔ Secondary Addressee

Product

Completar información solicitada



My Cases

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- Proposed Primary Insured
- Proposed Primary Insured, Cont.
- Proposed Primary Insured -
Citizenship
- Other Insurance
- Owner
- Beneficiary Information
- Secondary Addressee

Please clarify your resident status

Employment Authorization document (EAD) ▾

Employee Authorization Document (EAD)

Category Code

C08 ▾

Employee Authorization Document (EAD)

Expiration

02/22/2025

Do you have a stamp in your
passport?

Yes No

Do you have an I-94?

Yes No

I-94 Expiration

05/21/2020

Passport Country

Venezuela ▾

Passport Number

[REDACTED]

Passport Expiration

05/22/2021

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Contestar si la persona tiene algun otro seguro, normalmente las respuestas son No

 My Cases Welcome **MARLON CHACON HERNANDEZ** ▾

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance Co. 2024 New Experience - Financial Foundation IUL

Case Actions ▾

Case Information **Application**

Other Insurance

Do you have any existing or pending life insurance or annuities?

Yes No

i Pending life insurance includes any applications submitted, or that the proposed primary insured plans to submit, to any company, excluding this application.

Will the insurance applied for on your life discontinue, replace or change any existing life or annuity coverage?

Yes No

Are there any life insurance policies on your life that you do not own, including but not limited to any that you have sold or settled?

Yes No

If your policy will be treated as a Modified Endowment Contract for federal

- ✔ Licensing
- ✔ Illustration Acknowledgement
- ✔ Proposed Primary Insured
- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured - Citizenship
- ✔ Other Insurance
- ! Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee
- ✎ Product

Contestar si la persona tiene algun otro seguro, normalmente las respuestas son No



My Cases

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- Proposed Primary Insured
- Proposed Primary Insured, Cont.
- Proposed Primary Insured -
Citizenship
- Other Insurance
- Owner
- Beneficiary Information
- Secondary Addressee

Will the insurance applied for on your life discontinue, replace or change any existing life or annuity coverage?

Yes No

Are there any life insurance policies on your life that you do not own, including but not limited to any that you have sold or settled?

Yes No

If your policy will be treated as a Modified Endowment Contract for federal tax purposes, will you still accept the policy?

Yes No

In the past 5 years, have you had an application for life insurance declined, postponed, rated (charged extra premium), or reinstatement denied?

Yes No

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Aquí nos preguntan si el asegurado primario es el dueño de la póliza, contesta Si

Cuando son pólizas Juvelines esta pregunta es No, ya que el dueño es diferente al asegurado

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Aquí se coloca la información de los beneficiarios y su % de participación según indique el cliente



My Cases

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Application

- ✓ Licensing
- ✓ Illustration Acknowledgement
- ✓ Proposed Primary Insured
- ✓ Proposed Primary Insured, Cont.
- ✓ Proposed Primary Insured -
Citizenship
- ✓ Other Insurance
- ✓ Owner
- ✓ Beneficiary Information
- ✓ Secondary Addressee

Primary Beneficiaries for the Proposed Primary Insured

Primary beneficiary will be the first person(s) entitled to the death benefit, whereas the contingent beneficiary is next in line.

Full Name	Relationship to Insured	Share	
JEIMY S ZAMBRANO SANCHEZ	Spouse	50%	Edit Delete
ENRIQUE D MARTINEZ ZAMBRANO	Child	25%	Edit Delete
ABRIL MARTINEZ ZAMBRANO	Child	25%	Edit Delete

[Click Here to Add](#)

Si el cliente tiene definido el Beneficiario contingente indicar si y se despliega el cuadro para colocar la información respectiva.

The screenshot displays the Transamerica application interface. At the top, the Transamerica logo is on the left, and navigation links for 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the case details for 'MARTINEZ PORTO, DONALDO' and '2024 New Experience - Financial Foundation IUL' are shown. A toolbar contains 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown menu.

The main content area is divided into two tabs: 'Case Information' and 'Application'. The 'Application' tab is active, showing a table of beneficiaries:

Name	Relationship	Share Percentage	Actions
ENRIQUE D MARTINEZ ZAMBRANO	Child	25%	Edit Delete
ABRIL MARTINEZ ZAMBRANO	Child	25%	Edit Delete

Below the table is a blue button labeled 'Click Here to Add'. Underneath, a section titled 'Current Share Percentage Total:' shows a progress bar at 100%. A checkbox question asks 'Do you wish to add contingent beneficiaries?'. At the bottom, there are 'Back' and 'Next' navigation buttons.

On the left side, a vertical navigation menu lists various steps, each with a green checkmark: Licensing, Illustration Acknowledgement, Proposed Primary Insured, Proposed Primary Insured, Cont., Proposed Primary Insured - Citizenship, Other Insurance, Owner, Beneficiary Information, and Secondary Addressee.

Si el cliente desea que una persona adicional reciba información de su cobertura futura dar si y completar la informacion, en caso contrario colocar NO

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Transamerica Life Insurance
Co. 2024 New Experience -
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Case Information **Application**

Licensing
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 Proposed Primary Insured
 Proposed Primary Insured, Cont.
 Proposed Primary Insured -
Citizenship
 Other Insurance
 Owner
 Beneficiary Information
 Secondary Addressee

Secondary Addressee

Would you like to list an additional person to receive copies of notices and letters regarding possible lapses in coverage?

Yes No

Aquí empieza aparecer la definición de la póliza, Cobertura acordada, tipo de póliza, recuerden colocar Graded y GPT (FFIUL) y el proposito

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Case Information **Application**

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- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured - Citizenship
- ✔ Other Insurance
- ✔ Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee

Coverage and Riders

Product Name
2024 New Experience - Financial Foundation I

Coverage Amount
\$250,000

Request to backdate the policy to 'Save Age'?

What is the purpose of this insurance?
Personal ▾

Purpose details
Income Replacement ▾

Death Benefit Option
Graded ▾

Life Insurance Compliance Test
Guideline Premium Test (GPT) ▾

Riders

Aquí se marcan los Riders seleccionado o vienen ya desde la ilustracion

The screenshot displays the Transamerica application interface. At the top, the Transamerica logo is on the left, and the user's name 'Welcome MARLON CHACON HERNANDEZ' is on the right. Below the logo, the case name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are listed. To the right, there are buttons for 'Case Notes', 'Save', and 'View Forms', along with a 'Case Actions' dropdown menu. The main content area is divided into two tabs: 'Case Information' and 'Application'. The 'Application' tab is active, showing a list of rider options. On the left side of the application area, there is a vertical navigation menu with a scroll bar, listing various sections with green checkmarks: Licensing, Illustration Acknowledgement, Proposed Primary Insured, Proposed Primary Insured, Cont., Proposed Primary Insured - Citizenship, Other Insurance, Owner, Beneficiary Information, and Secondary Addressee. The rider selection area contains five options, each in a light blue box with a checkbox: 'Accidental Death Benefit Rider' (unchecked), 'Base Insured Rider' (unchecked), 'Children's Benefit Rider' (unchecked), 'Chronic Illness Accelerated Death Benefit Rider' (checked), and 'Critical Illness Accelerated Death Benefit Rider' (checked). A mouse cursor is visible over the 'Chronic Illness Accelerated Death Benefit Rider' option.

TRANSAMERICA

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- Accidental Death Benefit Rider
- Base Insured Rider
- Children's Benefit Rider
- Chronic Illness Accelerated Death Benefit Rider
- Critical Illness Accelerated Death Benefit Rider

Aquí se marcan los Riders seleccionado o vienen ya desde la ilustración



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Proposed Primary Insured

Proposed Primary Insured, Cont.

Proposed Primary Insured -
Citizenship

Other Insurance

Owner

Beneficiary Information

Secondary Addressee

Death Benefit Rider

Disability Waiver of
Monthly Deductions Rider

Disability Waiver of
Premium Rider

Income Protection Option

Overloan Protection Rider

Terminal Illness Accelerated Death Benefit Rider

Aquí validar siempre 100% en el indicar Global



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Case Information

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Licensing

Illustration Acknowledgement

Proposed Primary Insured

Proposed Primary Insured, Cont.

Proposed Primary Insured -
Citizenship

Other Insurance

Owner

Beneficiary Information

Secondary Addressee

FUND ALLOCATION

Indicate allocation percentages below. Total must equal 100% and must be whole percents only.

Automatic Transfer Rule

Dollar Cost Averaging

Premium Allocation

Global Index Account

100%

S&P 500 Index Account

0%



MARTINEZ PORTO, DONALDO
Transamerica Life Insurance
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Application

- ✔ Licensing
- ✔ Illustration Acknowledgement
- ✔ Proposed Primary Insured
- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured -
Citizenship
- ✔ Other Insurance
- ✔ Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee

Premium Allocation

Global Index Account

100%

S&P 500 Index Account

0%

Basic Interest Account

0%

Total

100%

Automatic Transfer Rule

Global Index Account

100%



MARTINEZ PORTO, DONALDO
Transamerica Life Insurance
Co.

2024 New Experience -
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Case Actions ▾

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Application

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- ✔ Illustration Acknowledgement
- ✔ Proposed Primary Insured
- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured -
Citizenship
- ✔ Other Insurance
- ✔ Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee

Automatic Transfer Rule

Global Index Account

100%

S&P 500 Index Account

0%

Basic Interest Account

0%

Total

100%

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En esta sección empieza la información del Pago, recuerden mensual y transferencia automática

The screenshot displays the Transamerica application interface. At the top, the Transamerica logo is on the left, and 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the user's name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are listed on the left, and '2024 New Experience - Financial Foundation IUL' is on the right. A toolbar contains 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown menu. The main content area has two tabs: 'Case Information' and 'Application', with 'Application' being the active tab. On the left side of the application tab, there is a vertical list of navigation items, each with a green checkmark: 'Licensing', 'Illustration Acknowledgement', 'Proposed Primary Insured', 'Proposed Primary Insured, Cont.', 'Proposed Primary Insured - Citizenship', 'Other Insurance', 'Owner', 'Beneficiary Information', and 'Secondary Addressee'. The main content area is titled 'Payment Information' and contains a 'Policy Funding' section. Under 'Policy Funding', there are two fields: 'Premium Payment Mode' with a dropdown menu set to 'Monthly', and 'Payment Type Options' with a text box containing 'Electronic Funds Transfer/Ban.'. Below these fields is a light blue information box with an 'i' icon and the text: 'Please Note: Government Allotment and Salary Savings are not available payment options for this product.' At the bottom of the page, there are labels for 'Planned Modal Premium' and 'Will this policy be premium financed?'.

TRANSAMERICA

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Payment Information

Policy Funding

Premium Payment Mode
Monthly

Payment Type Options
Electronic Funds Transfer/Ban.✕

Please Note: Government Allotment and Salary Savings are not available payment options for this product.

Planned Modal Premium Will this policy be premium financed?

Aquí se coloca la prima mensual, no es financiada y el origen, normalmente es Income, puede ser ahorros o un reemplazo

The screenshot shows a web interface for a Transamerica insurance application. At the top, the Transamerica logo is on the left, and navigation links for 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the applicant's name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are listed on the left, with the policy details '2024 New Experience - Financial Foundation IUL' on the right. A toolbar contains 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown menu. The main content area has two tabs: 'Case Information' and 'Application', with the latter being active. On the left side of the application tab, there is a vertical sidebar with a list of sections, each marked with a green checkmark: 'Licensing', 'Illustration Acknowledgement', 'Proposed Primary Insured', 'Proposed Primary Insured, Cont.', 'Proposed Primary Insured - Citizenship', 'Other Insurance', 'Owner', 'Beneficiary Information', and 'Secondary Addressee'. The main form area contains the following fields:

- 'Planned Modal Premium' with a text input field containing '\$466.88'.
- 'Will this policy be premium financed?' with radio buttons for 'Yes' and 'No', where 'No' is selected.
- 'Source of Premium (select all that apply)' with a list of options: 'Income' (checked), 'Savings', and 'Replacement' (unchecked).

Aquí se coloca datos del pagador, y de su banco

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- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured -
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- ✔ Other Insurance
- ✔ Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee

Premium Payor

Premium Payor is:

Proposed Primary Insured ▾

Payment Account Information (Account Holder must be Payor)

First Name	Middle Name	Last Name
DONALDO		MARTINEZ PORTO

Routing Number

[REDACTED]

✔ Routing number has been validated

Aquí se coloca datos del pagador, y de su banco

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[Case Notes](#) [Save](#) [View Forms](#) Case Actions ▾

Case Information **Application**

[Click Here to Verify Routing Number](#)

Account Number

Confirm Account Number

Type of Account Checking Savings

Financial Institution Name

Initial Payment

Are you collecting money with the application?
 Yes No

- ✔ Licensing
- ✔ Illustration Acknowledgement
- ✔ Proposed Primary Insured
- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured - Citizenship
- ✔ Other Insurance
- ✔ Owner
- ✔ Beneficiary Information
- ✔ Secondary Addressee

Aquí se coloca si se colecta la prima con la aplicación o si no, en este caso se está sometiendo sin prima y al aprobar el cliente paga su primera prima, incluso esperara que el agente confirme con el cliente y notifique al Underwriter

The screenshot shows the Transamerica application interface. At the top, the Transamerica logo is on the left, and 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the user 'MARTINEZ PORTO, DONALDO' is associated with 'Transamerica Life Insurance Co.' and the policy '2024 New Experience - Financial Foundation IUL'. Action buttons for 'Case Notes', 'Save', and 'View Forms' are present, along with a 'Case Actions' dropdown menu.

The main content area is divided into two tabs: 'Case Information' and 'Application'. The 'Application' tab is active, showing the 'Initial Payment' section. It contains three questions with radio button options:

- Are you collecting money with the application?**
 Yes No
- Draft upon Underwriter Approval?**
 Yes No
- Wait for acceptance to draft after confirmation from agent?**
 Yes No

A light blue information box at the bottom of the section states: 'Conditional coverage and commission advance (if applicable) will not be available.'

On the left side, a sidebar lists various application steps, each with a green checkmark: Licensing, Illustration Acknowledgement, Proposed Primary Insured, Proposed Primary Insured, Cont., Proposed Primary Insured - Citizenship, Other Insurance, Owner, Beneficiary Information, and Secondary Addressee.

Aquí se indica el día de cobro del mes y en este caso es sin inicial, si el cliente quisiera dar una inicial se indica en la pregunta que si y se coloca la cantidad, la recomendación es que si cliente luego aporte mas dinero en cada mes o que el aporte de inicial lo haga luego de aprobada

The screenshot displays the Transamerica application interface. At the top, the Transamerica logo is on the left, and 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ' are on the right. Below the header, the case name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are shown on the left, and '2024 New Experience - Financial Foundation IUL' is on the right. A navigation bar includes 'Case Notes', 'Save', 'View Forms', and a 'Case Actions' dropdown. The main content area has two tabs: 'Case Information' and 'Application', with 'Application' being the active tab. On the left side of the application tab, there is a vertical list of checklist items, each with a green checkmark: 'Licensing', 'Illustration Acknowledgement', 'Proposed Primary Insured', 'Proposed Primary Insured, Cont.', 'Proposed Primary Insured - Citizenship', 'Other Insurance', 'Owner', 'Beneficiary Information', and 'Secondary Addressee'. The main content area of the 'Application' tab contains the following sections: 'Draft Day: 1st thru 27th only', 'Recurring Draft Day' with a dropdown menu set to '20', 'Will there be a lump sum amount?' with radio buttons for 'Yes' and 'No' (where 'No' is selected), and 'One-time ACH Debit Authorization'. At the bottom of this section, there is a note: 'This section should be completed by the bank account, Account Holder (Payor). Some policies may require an adjustment payment to cover a gap in premium when certain billing changes occur. This adjustment payment will keep the policy active until your recurring payments begin.'



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One-time ACH Debit Authorization

This section should be completed by the bank account, Account Holder (Payor). Some policies may require an adjustment payment to cover a gap in premium when certain billing changes occur. This adjustment payment will keep the policy active until your recurring payments begin.

Do you consent to authorize a one-time ACH debit in an amount needed to put your policy in an active status until your recurring payments begin?

Yes No

If this amount has not already been provided, contact us and we will provide you with the exact amount required. If authorized, this ACH debit will be made to your account on or after the date this request is received in good order.

NOTE: If you do not authorize this debit, and payment is still required, you will be contacted.

- Licensing
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- Proposed Primary Insured, Cont.
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- Secondary Addressee



Para nuestra comunidad Latina es mucho mejor recibir su contrato en físico, por eso se coloca que no preferimos recibir los documentos en forma electronica, mas el Edelivery si.

The screenshot shows the Transamerica user interface. At the top left is the Transamerica logo. The top right navigation bar includes 'My Cases' and 'Welcome MARLON CHACON HERNANDEZ'. Below this, the user's name 'MARTINEZ PORTO, DONALDO' and company 'Transamerica Life Insurance Co.' are displayed. To the right, there are buttons for 'Case Notes', 'Save', and 'View Forms', along with a 'Case Actions' dropdown menu. The main content area has two tabs: 'Case Information' and 'Application', with 'Application' being the active tab. On the left side of the 'Application' tab, there is a vertical sidebar with a list of sections, each marked with a green checkmark: 'Licensing', 'Illustration Acknowledgement', 'Proposed Primary Insured', 'Proposed Primary Insured, Cont.', 'Proposed Primary Insured - Citizenship', 'Other Insurance', 'Owner', 'Beneficiary Information', and 'Secondary Addressee'. The main content area of the 'Application' tab is titled 'eDelivery' and contains two questions with radio button options. The first question is 'Do you consent to do business electronically?' with 'Yes' selected. The second question is 'If eligible, do you prefer to receive your policy documents electronically?' with 'No' selected. Below these questions is a light blue information box with an 'i' icon, stating: 'This case is not eligible for eDelivery due to one or more of the following:'. The box lists three reasons: 'The Application State (issue state) on the Case Information screen is NY, GU, PR, VI', 'The Insured is a juvenile, and the Owner is not the Legal Guardian.', and 'The Owner or Insured residence state is NY, GU, PR, VI or any foreign state/country'.

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eDelivery

Do you consent to do business electronically?

Yes No

If eligible, do you prefer to receive your policy documents electronically?

Yes No

i This case is not eligible for eDelivery due to one or more of the following:

- The Application State (issue state) on the Case Information screen is NY, GU, PR, VI
- The Insured is a juvenile, and the Owner is not the Legal Guardian.
- The Owner or Insured residence state is NY, GU, PR, VI or any foreign state/country



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Yes No

- This case is not eligible for eDelivery due to one or more of the following:
- The Application State (issue state) on the Case Information screen is NY, GU, PR, VI
 - The Insured is a juvenile, and the Owner is not the Legal Guardian.
 - The Owner or Insured residence state is NY, GU, PR, VI or any foreign state/country
 - There is a contingent owner
 - The Insured and/or Owner is NOT a US Citizen

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Esta se deja en Blanco, dar next



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The information requested below is asked on your state's HIV Consent form. Please complete accordingly should you wish to disclose your results.

Name of physician for reporting a positive test result

Street Address

Enter a location

City

State

Choose from list or type in and press Enter ▾

Zip Code

Telephone

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Aquí por ser una póliza de mas de \$250k de cobertura se da el consentimiento de compartir la informacion con Everest, quien es el proveedor de la poliza incluida de \$25k de gastos finales con todos lo beneficios de esa plataforma

TRANSAMERICA My Cases Welcome **MARLON CHACON HERNANDEZ** ▾

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Case Notes Save View Forms Case Actions ▾

Case Information **Application**

to you. In order for Everest to communicate with you, we need your consent to share your information.

I consent to sharing my information with Everest

I DO NOT consent to sharing my information with Everest

i If you decline to share your information with Everest, the Additional Services Rider cannot be included with your policy. If you decide to add the Additional Services Rider to your policy in the future, a signed Consent to Share Information form will be required to complete your request.

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- ✔ Licensing
- ✔ Illustration Acknowledgement
- ✔ Proposed Primary Insured
- ✔ Proposed Primary Insured, Cont.
- ✔ Proposed Primary Insured - Citizenship
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Proposed Primary Insured -
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Product

Agent's Report

Agent Information

Writing Agent First Name

MARLON

Writing Agent Last Name

CHACON HERNANDEZ

Other Insurance Questions for Producer

Does the Proposed Insured have existing life insurance policies or annuity contracts with the company or any other company?

Yes

No



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Other Insurance Questions for Producer

Does the Proposed Insured have existing life insurance policies or annuity contracts with the company or any other company?

Yes No

Will the policy applied for discontinue, replace or change any existing life insurance policy or annuity?

Yes No

If replacement of existing insurance is involved, have you complied with all state requirements, including any Disclosure and Comparison Statements?

Yes No

Explain

No replacement

Has any application for life, health, disability, or long term care insurance been declined, withdrawn, postponed, rated, modified, issued with an exclusion rider, canceled, or renewed?

Yes No



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eSignature Information

Please provide the city where each party will sign the application. Note: the owner must sign in the state of Texas. If the Payor is different from the owner or insured; City is only required.

For parties that do not have a Social Security number, please enter a 4 digit PIN that can be used if remote signature is selected.

Proposed Insured City of Signature

DALLAS

Proposed Insured State of Signature

Texas ▾

Please provide the city and state where the Agent will sign.

Agent PIN



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DALLAS

Proposed Insured State of Signature

Texas ▾

Please provide the city and state where the Agent will sign.

Agent PIN

7593

Agent City of Signature

TOMBALL

Agent State of Signature

Texas ▾



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Application

Agent Disclosure

I certify that I used only company approved sales materials and copies of all sales materials used during the solicitation were provided to the applicant.

Are you or any of your family members named as a beneficiary on this policy application?

Yes No

Is the Agent or Split Agent also the Primary Insured, Owner/Applicant or Payor?

Yes No

Do you intend to submit multiple applications on any of the proposed insureds?

Yes No

Are you financially responsible for the Proposed Primary Insured?

Yes No

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Are you financially responsible for the Proposed Primary Insured?

Yes No

How long have you known the Proposed Primary Insured?

More than 5 Years ▾

Relationship to Proposed Primary Insured

Agent/Producer ▾

Is the Proposed Primary Insured or owner related to any affiliated Broker/Dealer office or employee?

Yes No

Did you provide the "Notice of Disclosure" to the Proposed Primary Insured?

Yes ▾

How was the sale taken?

Photo or Video Call (Skype, FaceTime, etc.) ▾



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Yes No

Did you provide the "Notice of Disclosure" to the Proposed
Primary Insured?

Yes ▾

How was the sale taken?

Photo or Video Call (Skype, FaceTime, etc.) ▾

In Person

Photo or Video Call (Skype, FaceTime, etc.)

Other ▾

... during the sale?

Driver License Options

State: TX Number: 4665**** ▾



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Driver's License ▾

Driver License Options

State: TX Number: 4665**** ▾

Expiration Date

02/22/2025

If the policy owner or insured is not fluent in English, I attest that neither I nor the beneficiary translated; the translator is fluent in both languages involved; the applicant and Proposed Insured fully understood everything translated; and that a competent and disinterested translator will remain involved through policy delivery.

Yes ▾

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Attachments

The file types supported are .PDF, .TIFF, .TIF, .JPEG, and .JPG. The maximum size for all attachments is 15MB. NOTE: All attachments are converted to PDF.

Please attach all applicable document(s).

This case included an Illustration PDF created from the Life Illustrator platform and data associated with that illustration. Key data has been changed which invalidated the illustration; therefore the illustration PDF has been automatically deleted, from the case. Please re-run the illustration, save as PDF and manually upload the PDF using the prompts below, before submitting the case to Transamerica.

Attach Illustration



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eDelivery

HIV Consent

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Attach Illustration

Are you providing an illustration with this application?

Yes No

An illustration was not presented to me

The illustration provided to me does not match the life insurance policy as applied for

Attachments for Proposed Primary Insured

EAD Card

Attach

Delete



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Attachments for Proposed Primary Insured

EAD Card

Attach

Delete

Passport

Attach

Delete

Passport Proof of Entry

Attach

Delete

Included with Passport.

I-94

Attach

Delete



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Proposed Primary Insured -
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Do you want to add optional attachments for the Proposed Primary Insured?

Yes No

Please add up to 4 additional attachments for the Proposed Primary Insured.

Attachment Type

Driver's License

Attach

Delete

Attachment Type

Choose from list or type in an..▼

Attachment Type

Choose from list or type in an..▼

Attachment Type

Choose from list or type in an..▼



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✔ Secondary Addressee

✔ Product

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✔ eDelivery

✔ HIV Consent

✔ Application Requirements

✔ Agent's Report

✔ Attachments

Case Summary

Case Summary

i Please review the information below to ensure the details entered are correct. If edits are necessary, click the button below the relevant section header to be directed to the corresponding screen where updates can be made. Once all fields are verified, click the 'I confirm' button

Proposed Primary Insured

[Click here if
edits are
required](#)



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Proposed Primary Insured

Click here if
edits are
required

Proposed Primary Insured Name

DONALDO MARTINEZ PORTO Sr

Address

18065 APPLE RGD 3423 APT DALLAS, TX 75287

Date of Birth

04/13/1972

SSN / ITIN

***-**-5328



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<input checked="" type="checkbox"/> Beneficiary Information	Address	18065 APPLE RGD 3423 APT DALLAS, TX 75287
<input checked="" type="checkbox"/> Secondary Addressee	Date of Birth	04/13/1972
<input checked="" type="checkbox"/> Product	SSN / ITIN	***-**-5328
<input checked="" type="checkbox"/> Payment Information	US Citizen	No
<input checked="" type="checkbox"/> eDelivery	Email Address	donaldomartinez@yahoo.es
<input checked="" type="checkbox"/> HIV Consent	Driver's License	State: Texas, License Number: 4665****, Expiration Date: 02/22/2025
<input checked="" type="checkbox"/> Application Requirements	Beneficiaries	
<input checked="" type="checkbox"/> Agent's Report		
<input checked="" type="checkbox"/> Attachments		
Case Summary		



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Beneficiaries

Click here if
edits are
required

Primary Beneficiary and Relationship to Primary Insured

JEIMY S ZAMBRANO SANCHEZ, Spouse
ENRIQUE D MARTINEZ ZAMBRANO, Child
ABRIL MARTINEZ ZAMBRANO, Child

Payment Information



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Payment Information

Click here if
edits are
required

Premium Payor and Relationship to Primary Insured

Payor is Primary Insured

Premium Amount and Frequency

\$466.88 Monthly

Bank Account Information

Initial Payment: None

Recurring Payment: Routing Number: 026009593 Account Number: 388003706751



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Product

Click here if
edits are
required

Product Selected and Coverage Amount

2024 New Experience - Financial Foundation IUL / \$250,000

Riders Selected

Chronic Illness Rider
Critical Illness Rider
Terminal Illness Accelerated Death Benefit Rider
Overloan Protection Rider

Validate Application



My Cases

Welcome MARLON CHACON HERNANDEZ ▾

MARTINEZ PORTO, DONALDO
Transamerica Life Insurance
Co.

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Validate Application

The statements and answers given on this application are honest and true to the best of my knowledge and belief.

I confirm

Clients may now complete Part 2 on their own. Choose YES to send your client an email to complete this task.

Yes

No

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MARTINEZ PORTO, DONALDO
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Validate Application

The statements and answers given on this application are honest and true to the best of my knowledge and belief.

I confirm

Clients may now complete Part 2 on their own. Choose YES to send your client an email to complete this task.

Yes

No

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Validate Application

The statements and answers given on this application are honest and true to the best of my knowledge and belief.

I confirm

✔ You have completed the review of key portions of this application.

Clients may now complete Part 2 on their own. Choose YES to send your client an email to complete this task.



My Cases

Welcome **MARLON CHACON HERNANDEZ** ▾

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Lock Application

Congratulations! You have completed Part 1 of the application.

Please review the application data fully, if no changes click the "Lock Application and Proceed" button to proceed.

[Click here to Lock Application and Proceed](#)

[← Back](#)

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MARTINEZ PORTO, DONALDO Transamerica Life Insurance Co. 2024 New Experience - Financial Foundation IUL

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Lock Application

Part 1 of the application has been locked.

Your application has been digitally locked to protect client data from alteration. Once you click "Next", you will be unable to unlock and make any changes. If you determine later in the process that you need to make a change, you will need to start a new application.

This information will remain on iPipeline for 120 days after no activity.

Unlock Application Data

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NATTY VILLASMIL

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Preparing for your Interview

Your Case Id is 6601884039, and your interview is ready. Please click "NEXT" to continue.

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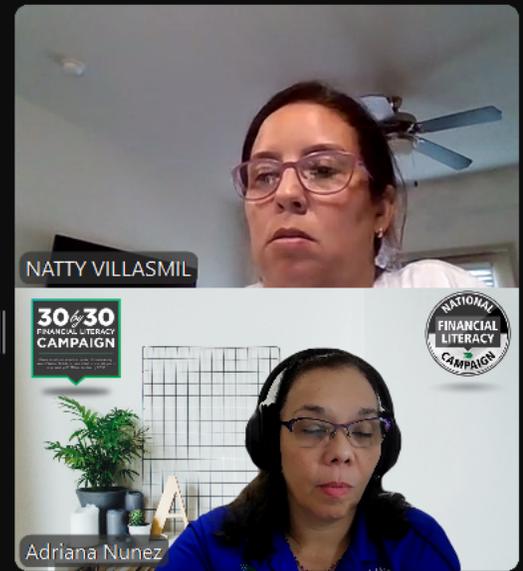
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HIPAA Authorization

DONALDO MARTINEZ PORTO Sr - Proposed Insured HIPAA

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In Person Email

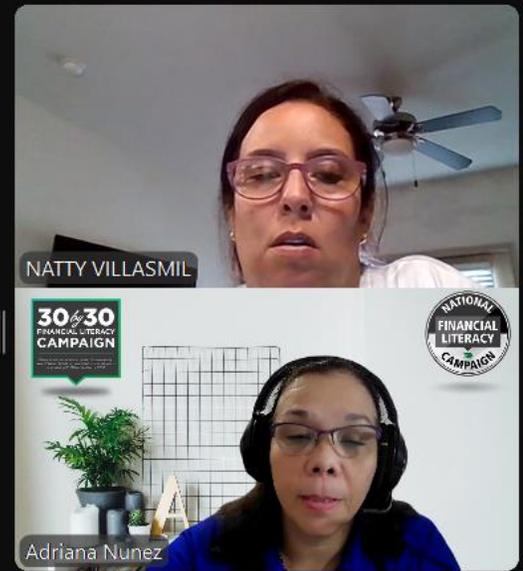
Signature Not Started

In order to consider your application for insurance, your review and acceptance of the following forms is required.

Please **open and review** each document. It is recommended you save or print it for your records. Should you understand and agree to the terms, check the box next to each form. If you have questions or do not agree to the terms or conditions on the form, please contact your Transamerica Life Insurance Co. Client Consultant or your Financial Professional.

User Consent to do Business with Transamerica Life Insurance Co. and to Receive Documents Electronically ("Consent")

By clicking the "AGREE" button, you confirm to Transamerica Life Insurance Co. that:



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**Transamerica Life Insurance Company
Transamerica Financial Life Insurance Company**

Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents

What is the purpose of this Consent and Disclosure?
You are applying for an insurance policy ("Policy") from either Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company (either individually or collectively, "Transamerica") and have expressed your desire to conduct business electronically and for electronic delivery and access, with regard to the Policy, as well as documents related to the Policy. To conduct business electronically, receive documents applicable to the Policy in electronic format, and access documents electronically via a hyperlink contained in an electronic mail ("email") or attached to an email, you must provide Transamerica, and its authorized designees and agents, with your consent. If you indicated your consent by electronically signing this document where indicated below, you will be providing Transamerica and its authorized designees and agents, with your consent:

- To have the information described in this document (Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents, hereinafter referred to as "Consent") made available and delivered to you electronically;

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30/30 FINANCIAL LITERACY CAMPAIGN

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Case Notes Save View Forms Case Actions

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Please **open and review** each document. It is recommended you save or print it for your records. Should you understand and agree to the terms, check the box next to each form. If you have questions or do not agree to the terms or conditions on the form, please contact your Transamerica Life Insurance Co. Client Consultant or your Financial Professional.

User Consent to do Business with Transamerica Life Insurance Co. and to Receive Documents Electronically ("Consent")

I Agree

By clicking the "I AGREE" button, you confirm to Transamerica Life Insurance Co. that:

- You can access and read this Consent and that you agree to its terms and conditions;
- You consent to do business with Transamerica Life Insurance Co. electronically;
- You confirm such consent to do business with Transamerica Life Insurance Co. electronically;
- You acknowledge that documents delivered electronically may contain information regarding your personal financial matters and consent to the electronic delivery of such information;
- You can print this Consent or save/access it for future reference; and
- This Consent remains valid until you withdraw it.

Authorization

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Transamerica Life Insurance Co. | 2024 New Experience - Financial Foundation IUL

Case Notes Save View Forms Case Actions

Case Information **Application**

I Agree

By clicking the "I AGREE" button, you confirm to Transamerica Life Insurance Co. that:

- You can access and read this Consent and that you agree to its terms and conditions;
- You consent to do business with Transamerica Life Insurance Co. electronically;
- You confirm such consent to do business with Transamerica Life Insurance Co. electronically;
- You acknowledge that documents delivered electronically may contain information regarding your personal financial matters and consent to the electronic delivery of such information;
- You can print this Consent or save/access it for future reference; and
- This Consent remains valid until you withdraw it.

Authorization

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA)

I Consent

I authorize any physician, hospital, pharmacy, pharmacy benefit manager, health insurance plan, insurer, any consumer reporting agency, the MIB to MIB, LLC ("MIB") or any other entity that possesses any diagnosis, treatment, prescription or other medical information, personal information and data about me, to furnish such information to the Company, or its reinsurers, for the purpose of evaluating my eligibility for insurance.

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TRANSAMERICA

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Transamerica Life Insurance Co.

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TRANSAMERICA

HIPAA Authorization for Release of Health-Related Information

Transamerica Life Insurance Company
Home Office: 6400 C Street SW, Cedar Rapids, IA 52499

This authorization complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

Name of Primary Proposed Insured/Patient	Date of birth	Last four digits of SSN
<u>DONALDO MARTINEZ PORTO Sr</u>	<u>04/13/1972</u>	<u>5328</u>
Name of Secondary Proposed Insured/Patient	Date of birth	Last four digits of SSN
Name(s) of Unemancipated Minors	Date(s) of birth	Last four digits of SSN(s)

I hereby authorize the use or disclosure of health information, as described below, about me or my above-named unemancipated minor children and revoke any previous restrictions concerning access to such information:

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purpose of evaluating my eligibility for insurance.

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Transamerica Life Insurance Co. 2024 New Experience - Financial Foundation IUL

Case Notes Save View Forms Case Actions

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I Agree

By clicking the "I AGREE" button, you confirm to Transamerica Life Insurance Co. that:

- You can access and read this Consent and that you agree to its terms and conditions;
- You consent to do business with Transamerica Life Insurance Co. electronically;
- You confirm such consent to do business with Transamerica Life Insurance Co. electronically;
- You acknowledge that documents delivered electronically may contain information regarding your personal financial matters and consent to the electronic delivery of such information;
- You can print this Consent or save/access it for future reference; and
- This Consent remains valid until you withdraw it.

Authorization

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA)

I Consent

I authorize any physician, hospital, pharmacy, pharmacy benefit manager, health insurance plan, insurer, any consumer reporting agency, the MIB to MIB, LLC ("MIB") or any other entity that possesses any diagnosis, treatment, prescription or other medical information, personal information and data about me, to furnish such information to the Company, or its reinsurers, for the purpose of evaluating my eligibility for insurance.

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I Consent

I authorize any physician, hospital, pharmacy, pharmacy benefit manager, health insurance plan, insurer, any consumer reporting agency, the MIB to MIB, LLC ("MIB") or any other entity that possesses any diagnosis, treatment, prescription or other medical information, personal information and data about me, to furnish such information to the Company, or its reinsurers, for the purpose of evaluating my eligibility for insurance.

I authorize the Company, or its reinsurers, to make a report of my personal health information to MIB to MIB, LLC ("MIB"). This authorization overrides any restrictions that I may have in place with any entity regarding the release of my information. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules.

This authorization shall be valid for two years from this date and may be revoked by sending written notice to the Company.

MIB Authorization

I Consent

By clicking the "I AGREE" button, you confirm to Transamerica Life Insurance Co. that:

- You can access and read this Consent and that you agree to its terms and conditions;

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I Consent

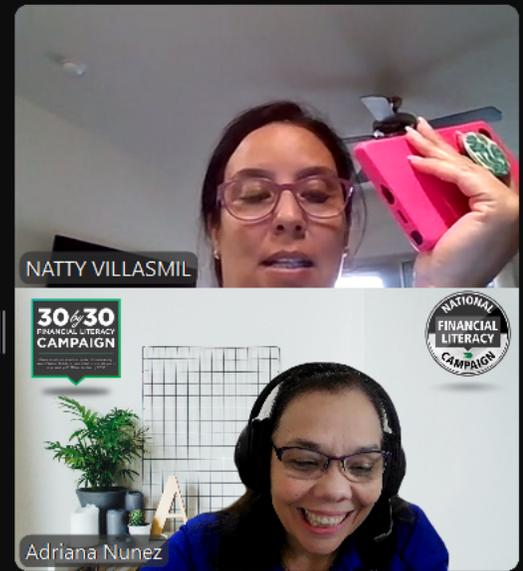
By clicking the "I AGREE" button, you confirm to Transamerica Life Insurance Co. that:

- You can access and read this Consent and that you agree to its terms and conditions;
- You consent to do business with Transamerica Life Insurance Co. electronically;
- You confirm such consent to do business with Transamerica Life Insurance Co. electronically;
- You acknowledge that documents delivered electronically may contain information regarding your personal financial matters and consent to the electronic delivery of such information;
- You can print this Consent or save/access it for future reference; and
- This Consent remains valid until you withdraw it.

This authorization shall be valid for 30 months from this date and may be revoked by sending written notice to the company.

In order to proceed, please fill "Signed at City" and "Signed at State" below.

Signed at City: DALLAS | Signed at State: Texas



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Case Notes Save View Forms Case Actions

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In order to proceed, please fill "Signed at City" and "Signed at State" below.

Signed at City **DALLAS** Signed at State **Texas**

I have reviewed the above-mentioned forms and agree to electronically sign them.

- I have read the forms and retained them for future reference.
- I understand and agree to the authorizations they provide to Transamerica Life Insurance Co.
- I agree to affix my electronic signature to the forms and understand it has the same effect as signing the forms by hand.

Please click on the button below to view the completed documents. This is required to proceed.

View Signed Documents

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In order to proceed, please fill "Signed at City" and "Signed at State" below.

Signed at City **DALLAS** Signed at State **Texas**

I have reviewed the above-mentioned forms and agree to electronically sign them.

- I have read the forms and retained them for future reference.
- I understand and agree to the authorizations they provide to Transamerica Life Insurance Co.
- I agree to affix my electronic signature to the forms and understand it has the same effect as signing the forms by hand.

Please click on the button below to view the completed documents. This is required to proceed.

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WSB Dallas financial center John Ortiz:
Image

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**Transamerica Life Insurance Company
Transamerica Financial Life Insurance Company**

Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents

What is the purpose of this Consent and Disclosure?
You are applying for an insurance policy ("Policy") from either Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company (either individually or collectively, "Transamerica") and have expressed your desire to conduct business electronically and for electronic delivery and access, with regard to the Policy, as well as documents related to the Policy. To conduct business electronically, receive documents applicable to the Policy in electronic format, and access documents electronically via a hyperlink contained in an electronic mail ("email") or attached to an email, you must provide Transamerica, and its authorized designees and agents, with your consent. If you indicated your consent by electronically signing this document where indicated below, you will be providing Transamerica and its authorized designees and agents, with your consent:

1. To have the information described in this document (Consent to do Business Electronically and Electronic Delivery of and/or Access to Policy Documents, hereinafter referred to as "Consent") made available and delivered to you electronically;

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minimum hardware and software requirements described above; (ii) agree to conduct business electronically; (iii) agree to receive all mailings and communications, which may even include cancellation or nonrenewal notices, electronically; (iv) agree to receive Policy Documents in electronic format; (v) agree to access Policy Documents electronically; and (vi) accept and sign this Consent voluntarily and with full knowledge and understanding of its terms and conditions. I will save a copy of this Consent.

DONALDO MARTINEZ PORTO Sr	donaldomartinez@yahoo.es
Name of Insured	Insured Email Address
DONALDO MARTINEZ PORTO Sr	07/04/2024 18:51:02-04:00
Signature of Insured	Date
972-877-6784	
Phone Number of Insured	

Please check the box below or complete Owner information. Complete Additional Owner information, if applicable.

Owner is same as Insured

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In order to proceed, please fill "Signed at City" and "Signed at State" below.

Signed at City: DALLAS | Signed at State: Texas

I have reviewed the above-mentioned forms and agree to electronically sign them.

- I have read the forms and retained them for future reference.
- I understand and agree to the authorizations they provide to Transamerica Life Insurance Co.
- I agree to affix my electronic signature to the forms and understand it has the same effect as signing the forms by hand.

Please click on the button below to view the completed documents. This is required to proceed.

View Signed Documents

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Medical History Interview

TRANSAMERICA

Fraud Warn... Personal In... Medical His... Medical His... Family Hist... Lifestyle - ... Lifestyle - ... Employme... Summary

DONALDO MARTINEZ PORTO Sr - Risk Assessment

Fraud Warning

FRAUD WARNING: Any person who knowingly presents a false statement in an application for

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Fraud Warn... Personal In... Medical His... Medical His... Family Hist... Lifestyle - ... Lifestyle - ... Employme... Summary

DONALDO MARTINEZ PORTO Sr - Risk Assessment

Fraud Warning

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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DONALDO MARTINEZ PORTO Sr - Risk Assessment

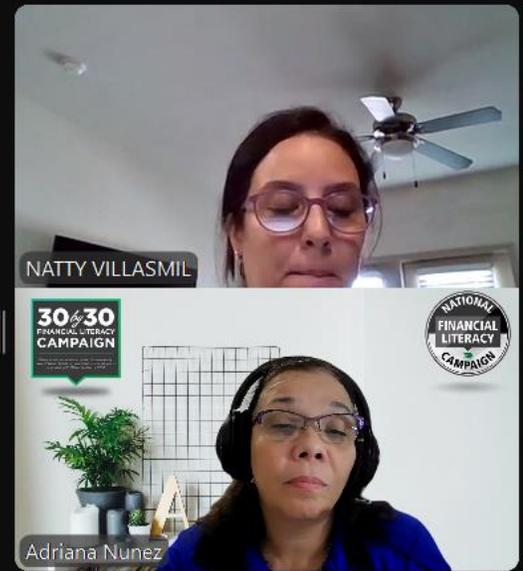
Personal Information

Height (Feet): Confirm

Height (Inches): Confirm

Weight in pounds Confirm

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DONALDO MARTINEZ PORTO Sr - Risk Assessment

Personal Information

Height (Feet): 5 ~~Change Answer~~

Height (Inches): 8 Confirm

Weight in pounds Confirm

Has your weight changed in the last 12 months



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Height (Inches): 8 [Change Answer](#) ✓

Weight in pounds [Confirm](#)

Has your weight changed in the last 12 months (exclude pregnancy-related weight change)? No [Change Answer](#) ✓

Have you ever used any tobacco or other form(s) of nicotine products? No [Change Answer](#) ✓

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Beneficiary Information	Height (Inches):	8	Change Answer	✓
Secondary Addressee	Weight in pounds	176	Change Answer	✓
Product	Has your weight changed in the last 12 months (exclude pregnancy-related weight change)?	No	Change Answer	✓
Payment Information	Have you ever used any tobacco or other form(s) of nicotine products?	No	Change Answer	✓
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DONALDO MARTINEZ PORTO Sr - Risk Assessment

Medical History

During the last 10 years, have you been diagnosed, treated, tested positive for, or given medical advice by a member of the medical profession for

Any cancer or tumor? Check all that apply.

- Breast Cancer
- Prostate Cancer
- Colon Cancer
- Melanoma
- Ovarian Cancer

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- Melanoma
- Ovarian Cancer
- Hodgkin's Lymphoma
- Non-Hodgkin's or other lymphoma
- Leukemia
- Thyroid Cancer
- Lung Cancer
- Any other cancer
- Dysplastic nevus syndrome (atypical moles)
- Any other cyst, polyp, benign tumor or nodule
- None of the Above

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Any disease or disorder of the heart? Check all that apply.

- High Blood Pressure
- High Cholesterol or Triglycerides
- Irregular heart beat (such as Atrial Fibrillation, Tachycardia, etc.)
- Chest pain / Pressure in Chest / Angina
- Coronary Artery Disease
- Heart Attack
- Heart Valve Disease or Disorder
- Congenital Heart Disease
- Cardiomyopathy
- Congestive Heart Failure (CHF)
- Pacemaker, Defibrillator, Heart Assist Device

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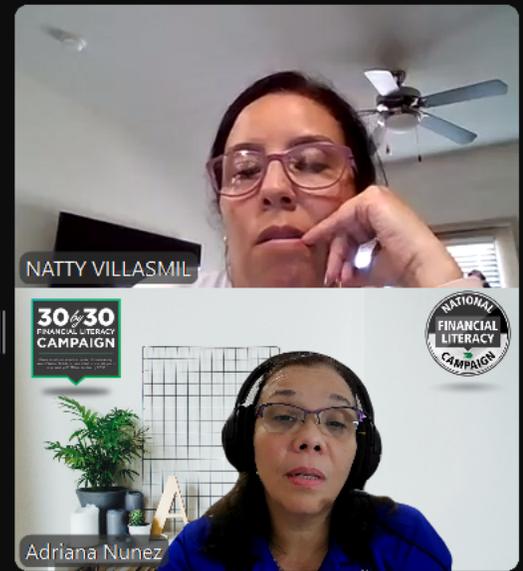
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Any disease or disorder of the arteries, blood vessels, and/or veins? Check all that apply.

- Stroke
- Transient Ischemic Attack
- Aneurysm
- Carotid Artery Disease
- Peripheral Vascular Disease
- Deep Vein Thrombosis
- Pulmonary Embolism
- Any other disorder of the arteries, blood vessels, and/or veins
- None of the Above

Any spleen, bone marrow, or blood disorder? Check all that apply.

- Anemia (any)



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Any spleen, bone marrow, or blood disorder? Check all that apply.

- Anemia (any)
- Hemochromatosis
- Platelet disorders
- Thalassemia
- Hemophilia
- Myelodysplastic syndrome
- Thrombocytopenia
- Any other abnormality of the spleen, bone marrow or blood
- None of the Above

Diabetes or any other endocrine disorder? Check all that apply.

- Diabetes



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Diabetes or any other endocrine disorder? Check all that apply.

- Diabetes
- Thyroid
- Pituitary
- Adrenal
- Addison's disease
- Cushing's disease
- Any other disease or disorder of the endocrine system
- None of the Above

Any respiratory disease or disorder? Check all that apply.

- Asthma

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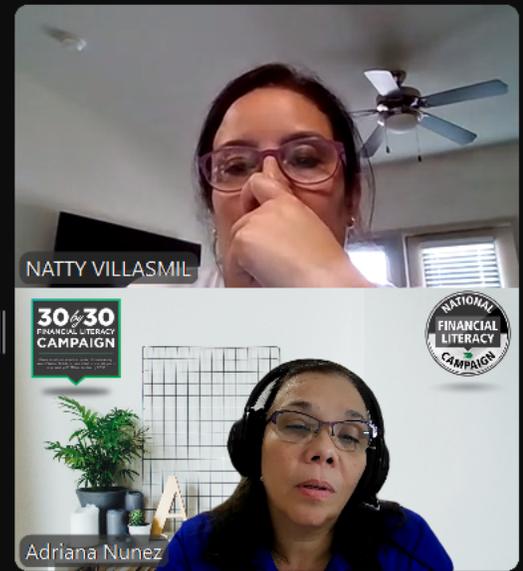
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Any respiratory disease or disorder? Check all that apply.

- Asthma
- Sleep Apnea
- Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Tuberculosis
- Sarcoidosis
- Pulmonary Fibrosis
- Cystic Fibrosis
- Any other disease or disorder of the respiratory system
- None of the Above



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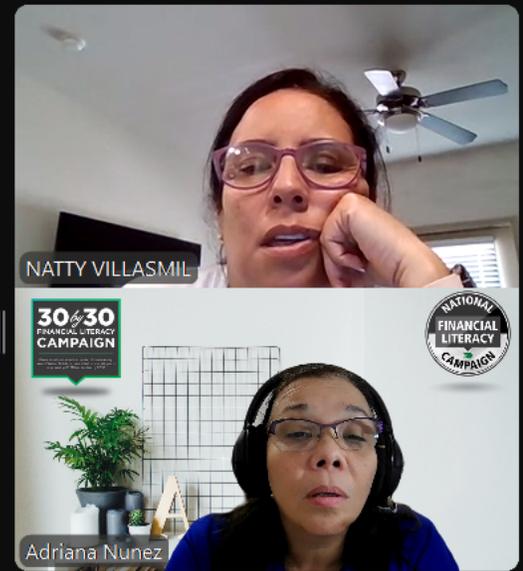
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Any kidney, bladder, or urinary tract disorder?
Check all that apply.

- Chronic Kidney Disease
- Kidney Failure
- Kidney stones
- Polycystic Kidney Disease
- Nephropathy
- Nephritis
- Chronic urinary tract infection
- Urinary retention
- Blood or protein in the urine
- Enlarged prostate
- Any other disease or disorder of the kidney, bladder, or urinary tract



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Any brain or nervous system disorder? Check all that apply.

- Seizures or Epilepsy
- Dizziness/Imbalance
- Alzheimer's disease/Dementia
- Traumatic brain injury
- Multiple Sclerosis
- Parkinson's disease
- Chiari malformation (Arnold Chiari malformation)
- Cerebral palsy
- Intellectual/developmental disabilities
- Lou Gehrig's Disease (ALS)
- Hydrocephalus
- Memory loss (not related to any of the above)

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Any disease or disorder of the breast, ovaries, testes, cervix, or other reproductive organs? Check all that apply.

- Endometriosis
- Abnormal Pap Smear
- Polycystic Ovary Syndrome (PCOS)
- Infertility
- Any other disease or disorder of the breast, ovaries, testes, cervix or other reproductive organs
- None of the Above

Any disease or disorder of the esophagus, stomach, liver, pancreas, intestine, colon or other digestive system organ? Check all that apply.

- Bariatric/weight loss surgery
- Hepatitis
- Ulcerative Colitis

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Any disease or disorder of the esophagus, stomach, liver, pancreas, intestine, colon or other digestive system organ? Check all that apply.

- Bariatric/weight loss surgery
- Hepatitis
- Ulcerative Colitis
- Crohn's Disease
- Barrett's Esophagus
- Cirrhosis
- Pancreatitis
- Any other disease or disorder of the esophagus, stomach, liver, pancreas, intestine, colon or other
- None of the Above

Any musculoskeletal disease or disorder? Check all

- Chronic pain



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Any musculoskeletal disease or disorder? Check all that apply.

- Chronic pain
- Back pain
- Fibromyalgia
- Osteoarthritis
- Osteoporosis
- Muscular Dystrophy
- Paralysis
- Amputation
- Joint replacement
- Marfan's Syndrome
- Any other disease or disorder of the musculoskeletal system



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Any autoimmune disorder? Check all that apply.

- Myasthenia Gravis
- Polymyalgia Rheumatica
- Psoriasis
- Psoriatic Arthritis
- Rheumatoid Arthritis
- Scleroderma
- Sjogren's syndrome
- Systemic Lupus Erythematosus (SLE)
- Any other autoimmune disease
- None of the Above

Any disease or disorder of the head or neck? Check all that apply.

- Blindness

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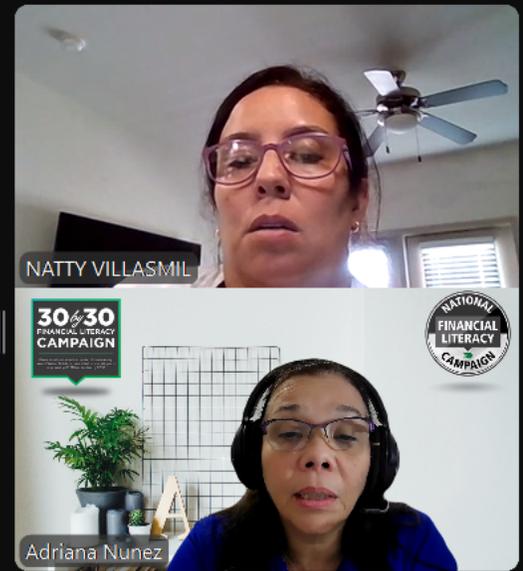
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Any disease or disorder of the head or neck?
Check all that apply.

- Blindness
- Macular degeneration
- Glaucoma
- Cataracts
- Optic Neuritis
- Retinopathy
- Cleft palate/Cleft lip
- Chronic sinusitis
- Deafness
- Any other disease or disorder of the head or neck
- None of the Above



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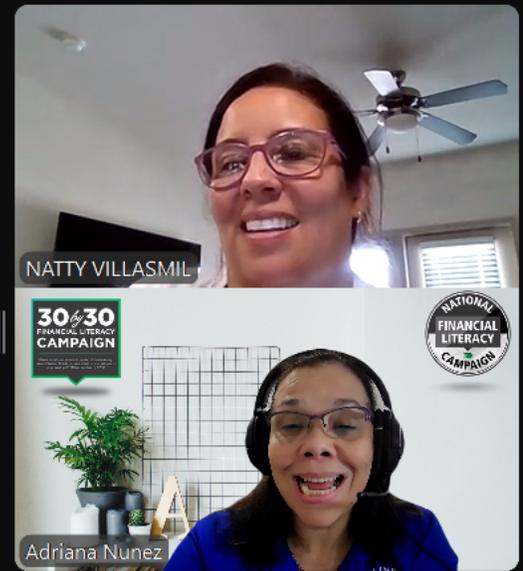
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During the last 12 months have you been diagnosed, treated or given medical advice by a member of the medical profession for any terminal illness that has resulted in a life expectancy of 12 months or less? Yes No

Have you ever had an organ or bone marrow transplant (other than corneal)? Yes No

During the last five years, have you been advised by a member of the medical profession to have an organ or bone marrow transplant (other than corneal)? Yes No



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Organ or bone marrow transplant (other than corneal)?

During the last 12 months, have you been hospitalized or treated by a member of the medical profession for any infectious disease (such as COVID-19, tuberculosis, shingles, or pneumonia)?

Yes No

Are you currently pregnant?

Yes No

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Organ or bone marrow transplant (other than corneal)?

During the last 12 months, have you been hospitalized or treated by a member of the medical profession for any infectious disease (such as COVID-19, tuberculosis, shingles, or pneumonia)? No Change Answer

Are you currently pregnant? Yes No

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Medical History Continued

During the last 3 months have you used or been advised by a member of the medical profession to seek any of the following types of care? Check all that apply (unless already disclosed in a prior question).

- Physical Therapy
- Chiropractor
- Other type of care
- None of the Above

Do you have a handicap sticker, handicap placard, or handicap license plate? Yes No

Are you covered by Medicaid? Yes No

During the last 5 years, have you been diagnosed with Disorientation



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DONALDO MARTINEZ PORTO Sr - Risk Assessment

Medical History Continued

During the last 3 months have you used or been advised by a member of the medical profession to seek any of the following types of care? Check all that apply (unless already disclosed in a prior question).

- Physical Therapy ✓
- Chiropractor
- Other type of care
- None of the Above

Do you have a handicap sticker, handicap placard, or handicap license plate? No [Change Answer](#) ✓

Are you covered by Medicaid? No [Change Answer](#) ✓

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During the last 5 years, have you been diagnosed with, treated for, tested positive for, or received medical advice from a member of the medical profession for any of the following conditions? Check all that apply.

- Disorientation
- Used a straight cane
- Loss of balance
- Loss of strength
- Tremors
- Dizziness
- None of the Above

During last 24 months, have you had to limit or been advised by a member of the medical profession to limit, reduce, discontinue or restrict any activities or hobbies?

Yes No

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During the last 5 years, have you been declined for long term care insurance including long term care insurance provided by rider to a life insurance or other policy?

Yes No

Have you ever been diagnosed by a member of the medical profession or tested positive for any of the following: Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)?

Yes No

During the last 12 months have you required assistance with any of the following daily activities? Check all that apply (unless already disclosed in a prior question).

- Assistance with medications
- Assistance with dressing
- Assistance with eating

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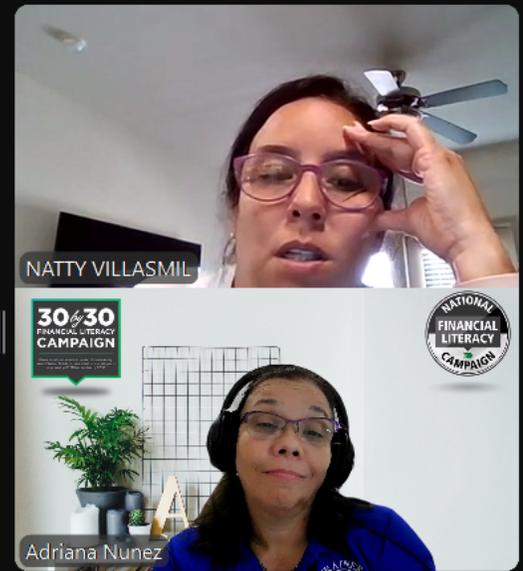
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medical profession or tested positive for any of the following: Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)?

During the last 12 months have you required assistance with any of the following daily activities? Check all that apply (unless already disclosed in a prior question).

- Assistance with medications
- Assistance with dressing
- Assistance with eating
- Assistance with walking
- Assistance with bathing
- Assistance with transferring from chair or bed
- Assistance with toileting
- None of the Above



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During the last 12 months have you used any of the following medical devices? Check all that apply (unless already disclosed in a prior question).

- Urinary Catheter
- Dialysis
- Oxygen
- CPAP
- Hoyer lift
- Respirator
- Braces (such as knee, back, wrist)
- Cane
- Crutches
- Walker
- Wheelchair



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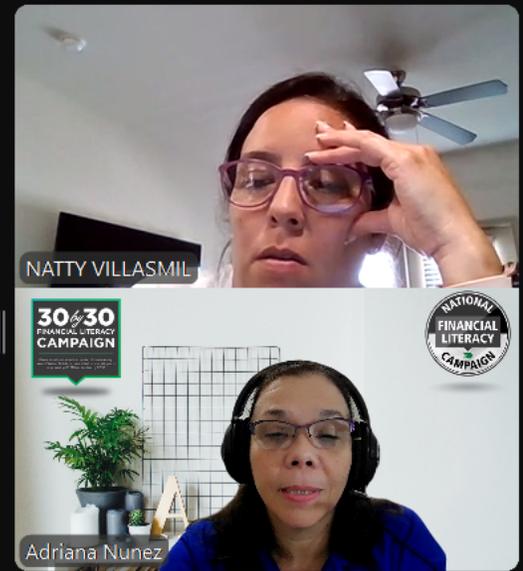
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- CPAP
- Hoyer lift
- Respirator
- Braces (such as knee, back, wrist)
- Cane
- Crutches
- Walker
- Wheelchair
- Scooter
- Other Device
- None of the Above

During the last 12 months have you used or been Nursing home



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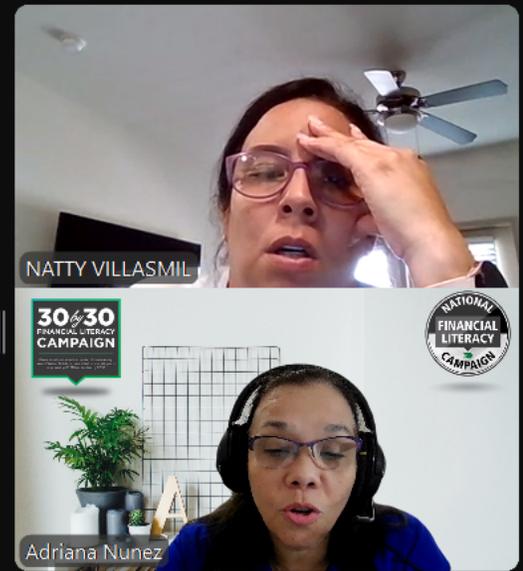
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During the last 12 months have you used or been advised by a member of the medical profession to seek any of the following supportive living care? Check all that apply (unless already disclosed in a prior question).

- Nursing home
- Assisted living facility
- Long term care facility
- Continuing care retirement community
- Rehabilitation facility
- Adult Day Care Facility
- Home health care
- Live with family members
- Other support
- None of the Above

During the last 12 months have you found any masses, cysts, lumps or had unexplained weight

Yes No



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During the last 12 months have you found any masses, cysts, lumps or had unexplained weight loss or bleeding not evaluated by a medical care professional? No **MARTINEZ PORTO**

Have you been hospitalized in the last 12 months for any reason (other than childbirth without complications)? Yes No

Have you had any falls during the last 3 years? Yes No

During the last 5 years have you been examined, hospitalized or been treated or advised by a member of the medical profession for any

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Have you had any falls during the last 3 years? No **WARRING ANSWER** ✓

During the last 5 years have you been examined, hospitalized or been treated or advised by a member of the medical profession for any condition, disorder, disease or injury not previously disclosed? Yes **WARRING ANSWER**

During the last 5 years have you been advised by a member of the medical profession to have any diagnostic test (excluding HIV/AIDS), treatment, surgery or other procedure, which has not yet been performed or for which the results have not been received? Yes No

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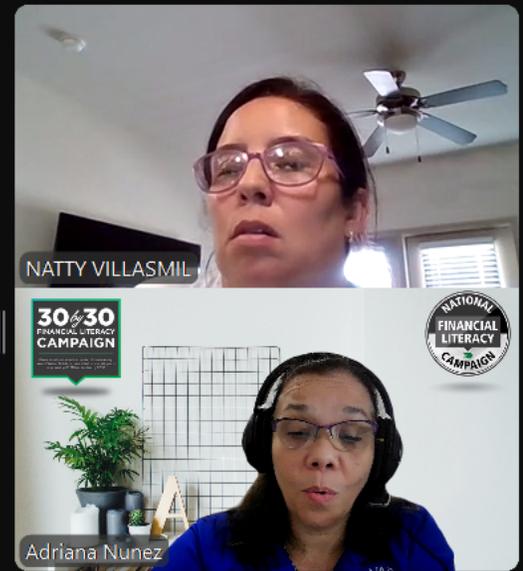
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During the last 5 years have you been advised by a member of the medical profession to have any diagnostic test (excluding HIV/AIDS), treatment, surgery or other procedure, which has not yet been performed or for which the results have not been received? No [Change Answer](#)

During the last 6 months, have you applied for or received disability benefits? Yes No

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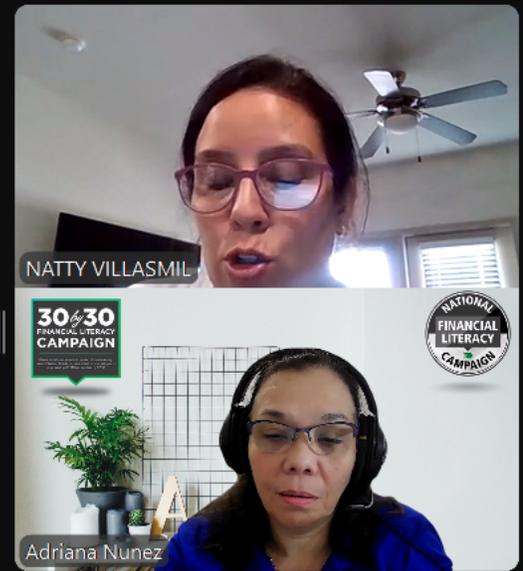
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Check all that apply.

- Prostate Cancer
- Colon Cancer
- Melanoma
- Huntington's disease
- Polycystic kidney disease
- Unknown
- None of the Above

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Lifestyle - Medical

Have you ever used any marijuana, cannabis, or THC in an inhaled or ingested form? Yes No

Have you ever used cocaine, amphetamines, barbiturates, hallucinogens, narcotics, stimulants, or other prohibited or controlled substances [excluding marijuana] other than as prescribed by a member of the medical profession? Yes No

In an average week, how many of the following alcoholic drinks do you consume?
Beer or hard cider (12 oz glass) Wine (6 Oz glass)

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or other prohibited or controlled substances [excluding marijuana] other than as prescribed by a member of the medical profession?

In an average week, how many of the following alcoholic drinks do you consume?
 Beer or hard cider (12 oz glass)
 Wine (6 Oz glass)
 Shot of hard liquor (1 oz)

If answer is zero, you MUST enter 0.

0 Confirm

During the last 10 years, has a medical care professional recommended that you decrease your alcohol intake?

Yes No



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If answer is zero, you MUST enter 0. 0 **WRONG ANSWER**

During the last 10 years, has a medical care professional recommended that you decrease your alcohol intake? Yes No

During the last 5 years, have you been advised by a member of the medical profession to receive treatment or had treatment for alcohol and/or drug use, including prescription drugs? Yes No

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During the last 2 years or within the next 2 years, have you, or do you intend to, pilot an aircraft or work as part of the flight crew, except for commercial flights? **Yes** **No**

During the last 2 years or within the next 2 years, have you or do you intend to participate in any of the following activities? Check all that apply.

- Ballooning
- Bicycle Racing
- BASE Jumping
- Bobsledding
- Boxing
- Bungee Jumping
- Canoeing or Kayaking
- Cave Exploring

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During the last 2 years or within the next 2 years, have you or do you intend to participate in any of the following activities? Check all that apply.

- Ballooning
- Bicycle Racing
- BASE Jumping
- Bobsledding
- Boxing
- Bungee Jumping
- Canoeing or Kayaking
- Cave Exploring
- Hang Gliding
- Horse Racing
- Mountain, Rock or Ice Climbing



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- Skydiving
- Snowmobiling
- Surfing
- Target Diving
- Ultralight Flying
- Vehicle Racing
- White Water Rafting
- Wrestling
- Other activity
- None of the Above

During the last 5 years, have you had your driver's license suspended, restricted, or revoked?

Yes No

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White Water Rafting
 Wrestling
 Other activity
 None of the Above

During the last 5 years, have you had your driver's license suspended, restricted, or revoked? Yes No

During the last 5 years, have you been convicted for or pleaded no contest to reckless driving or operating while intoxicated (DWI/OWI/DUI), or do you have any of these charges pending? Yes No

During the last 10 years, have you been convicted



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During the last 10 years, have you been convicted of or pleaded no contest to a felony or a misdemeanor other than a minor traffic violation, or do you have criminal charges pending?

Yes No

During the next 2 years, do you have any travel planned outside of the United States or its territories?

Yes No

During the next 2 years, do you plan to live in any countries outside of the United States or its territories?

Yes No

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During the next 2 years, do you have any travel planned outside of the United States or its territories? No Change Answer

During the next 2 years, do you plan to live in any countries outside of the United States or its territories? No **CHANGE ANSWER**

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Employment and Finances

Occupation
Select

- Analyst/Software/Computer programmer
- Aquatics
- Architect/Design services
- Astronautics
- Automobile Sales
- Automobile Service/Repair
- Aviation - Non-pilot
- Aviation - Commercial pilot/non-military
- Banking and Financial services
- Blasters
- Bridge builders/Structural iron
- Carnivals, circuses and fairs
- Cashier - retail
- Casino
- Cinema and television
- Clergy/Minister/Priest/Rabbi
- Coal
- Community/Social services
- Construction
- Consulting**
- Consulting

Annual Personal Earned Income (includes salary, bonuses, commissions, cash tips, and deferred compensation before taxes. It excludes income from investments.) If the answer is zero, you MUST enter 0. Confirm

Annual Household Income (The total annual earned income from the Proposed Primary Insured and Confirm

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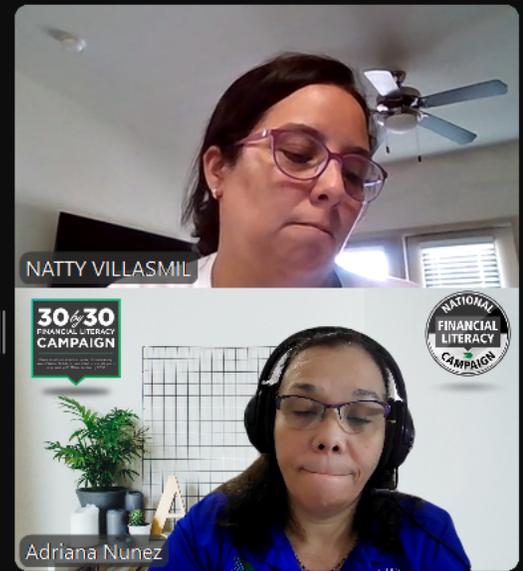
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Employment and Finances

Occupation
Select Laborer Change Answer

Annual Personal Earned Income (includes salary, bonuses, commissions, cash tips, and deferred compensation before taxes. It excludes income from investments.) If the answer is zero, you MUST enter 0. Confirm

Annual Household Income (The total annual earned income from the Proposed Primary Insured and Confirm



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Annual Household Income (The total annual earned income from the Proposed Primary Insured and their spouse or domestic partner.) If the answer is zero, you MUST enter 0. Confirm

Personal Net Worth (Assets such as home, bank accounts, and investments minus debt such as mortgage, loans, and credit card balances.) If the answer is zero, you MUST enter 0. Confirm

Total active and pending spousal insurance coverage, excluding employer-provided insurance (Total amount of life insurance coverage on your spouse or domestic partner.) If the answer is zero, you MUST enter 0. Confirm

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accounts, and investments minus debt such as mortgage, loans, and credit card balances.) If the answer is zero, you MUST enter 0.

Total active and pending spousal insurance coverage, excluding employer-provided insurance (Total amount of life insurance coverage on your spouse or domestic partner.) If the answer is zero, you MUST enter 0.

During the last 5 years, have you, or a business you own, filed for or had a bankruptcy?

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Primary Care Physician !

Do you have a primary care physician or medical center? Yes [Change Answer](#)

Name of physician *

Specialty

Address line 1

Address line 2



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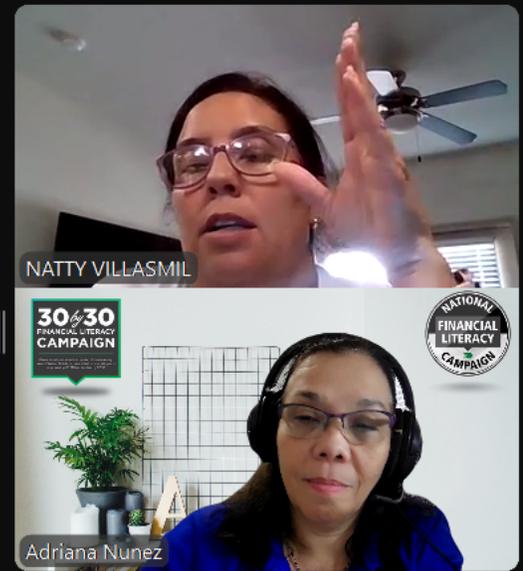
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When did you last visit this physician? * mm yyyy Unknown

What was the reason for that visit? *

- Annual exam
- Routine physical
- Consultation
- Accident
- Minor Injury
- Minor Illness/Sick Visit
- Prevention
- Well Woman Exam
- Other
- None

Confirm Physician Details



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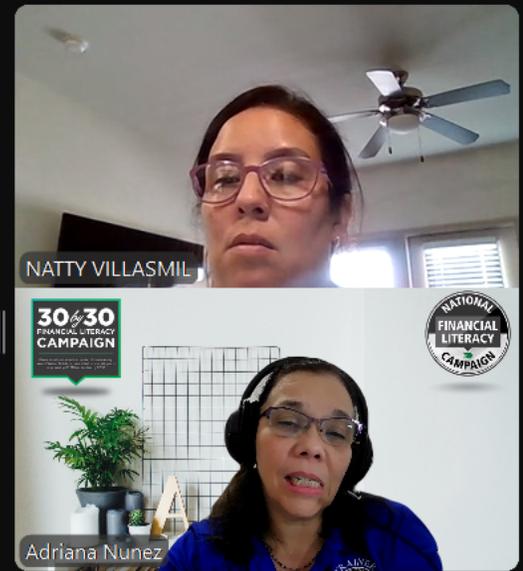
Do you have a primary care physician or medical center? **Yes** [Change Answer](#)

MARCIAL OQUENDO [Edit](#) [Remove](#)

18220 MIDWAY RD
#999
DALLAS
Texas
75287
United States of America
(469)501-1006

When did you last visit this physician? **Feb 2024**

What was the reason for that visit? **Annual exam**



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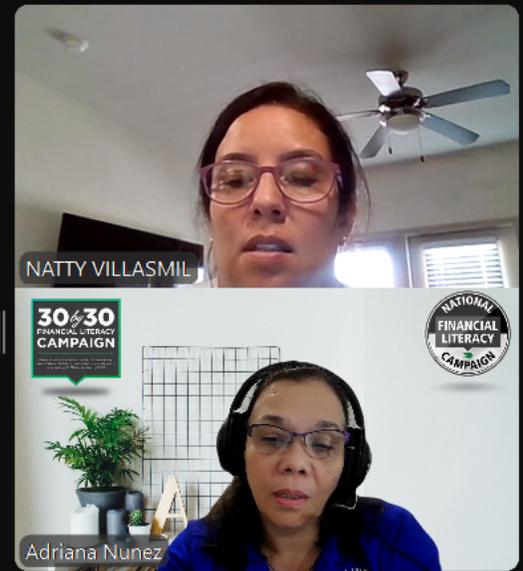
Case Summary

When did you last visit this physician? Feb 2024

What was the reason for that visit? Annual exam

Please double-check your responses. Once you click "Continue", your answers will be locked and YOU WON'T BE ABLE TO MODIFY THEM before submitting the application.

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Medical History Interview

✔ Thank you for completing the Health Assessment. Your responses have been submitted.

ⓘ Your medical history data is being processed. Please click "Check Status" button after a couple of minutes. Continue to click the "Check Status" button until the "Next" button appears.

Check Status

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Thank you for completing the Health Assessment. Your responses have been submitted.

Your Health and Lifestyle Questionnaire has been successfully retrieved.

Case Status: done

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Final Validate and Lock

✔ Congratulations! Your application is complete and in Good Order.

Click here to Lock Application and Proceed to Signature Process

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Final Validate and Lock

The application has been locked! Your case id is 6601884039.

Your application has been digitally locked to protect client data from alteration during the signature process. Please be aware that unlocking the application will cancel all previously collected signatures and require you to re-collect all signatures. If you need to re-start the signature process you may do so by clicking the [Unlock Application Data and Cancel e-Signature Process](#) button.

This information will remain on iPipeline for 120 days after no activity.

[Unlock Application Data and Cancel e-Signature Process](#)

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DONALDO MARTINEZ PORTO Sr - Proposed Insured

In Person Email

Please provide all point of sale forms in paper form.

Email: donaldomartinez@yahoo.es PIN: Full SSN

Email Not Sent

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Email donaldomartinez@yahoo.es PIN Full SSN Email Not Sent

MARLON CHACON HERNANDEZ - Agent

Email MARLONCHACON139@YAHOO.COM 4 Digit Pin 7593 Email not sent, waiting for other signers

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MARLON CHACON HERNANDEZ - Agent

Email: MARLONCHACON139@YAHOO.COM | 4 Digit Pin: 7593

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Attachments Case Summary Lock Application Preparing for your Interview HIPAA Authorization Medical History Interview Final Validate and Lock Signature Method

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Attachment

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File Name	Display Name	File Size	Actions
EAD DONALDO MARTINEZ.pdf	ATTACH_PI_ATTACHMENT12	810.22 KB	
PASSPORT DONALDO MARTINEZ.pdf	ATTACH_PI_ATTACHMENT9	454.37 KB	
I94 DONALDO MARTINEZ.pdf	ATTACH_PI_ATTACHMENT11	145.21 KB	
DL DONALDO MARTINEZ.pdf	ATTACH_PI_OPT_ATTACHMENT1	380.22 KB	

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