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**FAX**



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**To: New Business Department**  
**Fax: (972) 767-4462**

Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent No.: \_\_\_\_\_

Agent Phone: \_\_\_\_\_

No. of Pages: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

YES! These documents are associated with a ProCare Medicare Supplement, Final Expense Whole Life, or Juvenile Whole Life application submitted via iGo e-App.

Comments: \_\_\_\_\_

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