



Million Dollar Baby Form

Proposed Child: _____ Date of Birth: ____/____/____

Address: _____

Who is Sponsoring the Program: _____ Relationship: _____

Telephone No.: _____ E-Mail: _____

Parents or Legal Guardian Requirements

Mother's Name: _____ Income: \$ _____

Face Amount Enforced Policy: \$ _____ Company: _____

Type of Policy: TERM () How Many Years: ____ - Universal Life () - Whole Life ()

Father's Name: _____ Income: \$ _____

Face Amount Enforced Policy: \$ _____ Company: _____

Type of Policy: TERM () How Many Years: ____ - Universal Life () - Whole Life ()

Additional Children:

Proposed Child: _____ Date of Birth: ____/____/____

Address: _____

Who is Sponsoring the Program: _____ Relationship: _____

Telephone No.: _____ E-Mail: _____

Proposed Child: _____ Date of Birth: ____/____/____

Address: _____

Who is Sponsoring the Program: _____ Relationship: _____

Telephone No.: _____ E-Mail: _____

Proposed Child: _____ Date of Birth: ____/____/____

Address: _____

Who is Sponsoring the Program: _____ Relationship: _____

Telephone No.: _____ E-Mail: _____

Because You Care and They Count ...