



SUPPLY ORDER FORM

10-Digit Agent #: _____ Agent/Agency Name: _____ Request Date: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Check box if residential address
Check box if new address

Phone: _____ E-mail: _____

Available App Packs & Marketing Materials

Please specify the state(s) and quantities requested for each item below.

*A maximum of 25 Med Supp app packs and 25 Life/Annuity app packs per order will be sent without marketing company approval.

STATE	Medicare Supplement/Select			Hospital Advantage		New Vantage Life		Personal Choice Annuity			Summit Bonus Index Annuity		
	App Packs	OOB	Brochures Standard Select	App Packs	Brochures	App Packs	Brochures	App Packs	Brochures	Quick Sheets	App Packs	Brochures	Quick Sheets
	5 10 25	Standard Select 2015		5 10 25		5 10 25		5 10 25			5 10 25		
	5 10 25	Standard Select 2015		5 10 25		5 10 25		5 10 25			5 10 25		
	5 10 25	Standard Select 2015		5 10 25		5 10 25		5 10 25			5 10 25		
	5 10 25	Standard Select 2015		5 10 25		5 10 25		5 10 25			5 10 25		
	5 10 25	Standard Select 2015		5 10 25		5 10 25		5 10 25			5 10 25		

Please visit www.sslco.com/products for a complete list of approved states

FOR OFFICE USE ONLY

Form Name	Qty
Underwriting Guide: Med Supp/Select Hospital Advantage	
New Vantage Life Rate & Underwriting Guide	
Large Pocket Folders	
New Agent Kit: Med Supp/Select Annuities Hospital Advantage New Vantage Life	

NOTES:

1. App Packs include the most commonly used forms for each product.
2. All Annuity, Life Insurance and Medicare Supplement sales require a Consumer Guide* to be provided to the client. These will be automatically included in your order. If you need additional guides, you may download a copy from the Producer Portal and print for your use.
3. Individual forms can be downloaded from the Producer Portal (www.sslco.com/agents)

Need Overnight? Please provide the following information:

Vendor Name: FedEx UPS USPS Other _____

Account Number: _____

*Annuities require the NAIC Buyer's Guide to Annuities • Life Insurance requires the NAIC Buyer's Guide to Life Insurance • Medicare Supplement requires the Guide to Health Insurance for People with Medicare

PLEASE E-MAIL ALL ORDER FORMS TO: supply@sslco.com

FAX ORDERS TO: 801-484-2459