

MATERIAL APPROVAL AND REVIEW REQUEST FORM

FAX: 972-569-3728

E-MAIL: adapproval@torchmarkcorp.com

Submit this completed request form along with a copy of the material to be reviewed through your General Agent or Branch Manager. **Your request will be returned if this form is incomplete or the material is not included.** If you have questions about the status of your submission, contact Mary Johnson via e-mail.

Mike Gaisbauer, Vice President, Compliance
mgaisbauer@torchmarkcorp.com

Mary Johnson, Compliance Analyst
mjohnson@torchmarkcorp.com

Advertising Meetings are held each week on Wednesday at 2:30pm. Please allow three weeks for review and approval. No material can be used until the Home Office has issued a Form number and formal approval. *If submission is e-mailed, please send material in a **Microsoft Word** or **Adobe Acrobat** format from your General Agent or Branch Manager.*

TODAY'S DATE:	DUE DATE:
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REQUEST TYPE: <i>Please select one. Provide form number of existing piece if revising or renewing approval.</i> <input type="checkbox"/> INITIAL APPROVAL. <i>New Advertising, Sales or Training material not review before.</i> <input type="checkbox"/> REVISION APPROVAL. <i>Revised version of previously approved material (changes made).</i> <input type="checkbox"/> RENEW APPROVAL. <i>Previously approved material (no changes made).</i> <input type="checkbox"/> RECRUITING. <input type="checkbox"/> AGENT TRAINING ONLY. <i>Not to be used for sales or with customers.</i>	NEW FORM NUMBER:
	PRIOR FORM NUMBER:

YOUR NAME: (Please Print)	YOUR AGENT #:
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YOUR PHONE NUMBER:	YOUR E-MAIL ADDRESS:
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COMPANY: <input type="checkbox"/> United American <input type="checkbox"/> First United American <input type="checkbox"/> Liberty National <input type="checkbox"/> Globe Life / ESD	<input type="checkbox"/> Branch Office <input type="checkbox"/> General Agency
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MANAGER NAME: (Please Print)	MANAGER SIGNATURE:
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AGENCY/BRANCH STREET ADDRESS:

CITY:	STATE:	ZIP:
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DISTRIBUTION: How and where will this piece be used? Request will not be processed without this information.

STATE(S):	QUANTITY (if printing):			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> "Take One"	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Tradeshow	<input type="checkbox"/> Billboard
<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Flyer	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Agent Training	<input type="checkbox"/> Pole Sign
<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Phone Script	<input type="checkbox"/> Lead Card	<input type="checkbox"/> Sales Presentation	<input type="checkbox"/> Car Signage
<input type="checkbox"/> Television Ad	<input type="checkbox"/> Publication Article	<input type="checkbox"/> Other (Specify):		

FOR COMPLIANCE USE ONLY

RECEIVED:	REVIEWED: <input type="checkbox"/> APPROVED _____ <input type="checkbox"/> DENIED _____ <input type="checkbox"/> CHANGES REQUIRED _____	ANALYST:
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COMMENTS:
