

FAMILY HERITAGE DIVISION
ORPHAN/TERMED EXCLUSIVE (ONLY)
CUSTOMER RELATIONSHIP MANAGEMENT (CRM)

All leads requested on this form will be delivered through the CRM System and not by email.

REQUESTED LIST (Please select all that apply)

- ☐ **Orphaned** (Policyholders whose original writing agent and agency owner are no longer active with FHD.)
- ☐ **Termed Exclusive** (A previously active policyholder who no longer has any policies active with FHD.)

List the State and Counties you are requesting (no more than 3 counties)

STATE: COUNTIES:

ASSIGN LEADS IN CRM TO (Please select ONE of the following)

- ☐ **Agency Owner**
- ☐ **CRM Administrator (must have a Salesforce Account)**
- ☐ **Agent**

Agency Owner/CRM Admin/Agent Name

Agent Number

Allow 3 business days to process. Opportunities will be distributed in Salesforce.

Describe the Marketing Plan that supports the requested list

Please Note: Agency Owner approval is required unless waived by Company Officer

I agree to utilize the list I am requesting for customer re-servicing purposes only for and on behalf of Family Heritage Division (the "Company"). I understand that the requested information may contain the Company's customer's personal information, including financial, health, and nonpublic information, which I hereby agree to maintain confidentiality. I will not disclose such information to any other representative or any third party, excluding the person to whom the information pertains, in accordance with the "Prohibited Conduct" section of the Marketing Agreement between me and the Company. I agree that I will not use this information except to carry out the purposes for which this information was disclosed to me.

In the event that I [or my agents or employees] disclose the information described above to any other representative or a third party, whether such disclosure is intentional or unintentional, or use the information other than as permitted above, I hereby agree to indemnify and hold the Company, its shareholders, officers, directors, and employees harmless from and against any claim, action, causes of action, judgments, the investigation by government agencies, costs, and reasonable attorneys' fees incurred as a result of intentional and/or negligent acts or omissions by me [and/or my agents or employees]. I hereby agree to indemnify the Company, its shareholders, officers, directors, and employees against any and all liability or damage that may arise from such disclosure.

Agency Owner Name

Date

Form Completed By

Phone Number

Please fax or email your completed form to the Sales Support Department @ Fax: 972-569-3783 or
fhlsalesupport@globe.life