

REQUEST FOR PRESENTATION

Agent Information

Agent Name: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Main Support Person: _____

Phone Number: _____ Email: _____

Client Information

Client's Name: _____

Client's DOB: _____ Sex: M F

Expected Health Class: Std NS Pref NS Smoker Cigar Smoker Rated: _____

State of Residence: _____

Presentation Information

- | | |
|---|------------------------------------|
| <input type="radio"/> Versus IFL | <input type="radio"/> Buy-Sell |
| <input type="radio"/> Ultimate Wealth Transfer Plan | <input type="radio"/> OPM Planning |
| <input type="radio"/> Unbundle for Performance | <input type="radio"/> IRA Rescue |
| <input type="radio"/> LS | |

Net Worth: _____

Annual Income: Earned: _____ Unearned: _____

IRA Account Value: _____

Current Policy(s)

<u>Carrier</u>	<u>Existing CSV</u>	<u>Premium Schedule</u>	<u># of Years DB will last</u> <u>@current premium</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

