

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: _____

Commentary

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> |
|----------------|---------------------|-------------------------|---|
|----------------|---------------------|-------------------------|---|

Please fax this completed form to 619-923-3604

Thank You!