



# GORDONMARKETING

COMMITTED TO HEALTH, SENIOR, LIFE, ANNUITIES & YOU!

SINCE 1980

www.GordonMarketing.com  
(800)388-8342  
20236 Hague Rd.  
Noblesville, IN 46062

## PERSONAL & FAMILY HISTORY

Client: _____	Birthday: _____	SS#: _____	DL#: _____
Spouse: _____	Birthday: _____	SS#: _____	DL#: _____
Address: _____	City: _____	State: _____	Zip: _____
Phone #: _____	Cell#: _____	E-mail: _____	
Client Occupation: _____	Spouse Occupation: _____		
Children: _____	Locations: _____		
Grandchildren: _____	Locations: _____		
Siblings: _____	Locations: _____		

## HEALTH HISTORY & HEALTH INSURANCE

Client Health: _____	Spouse Health: _____
_____	_____
_____	_____
Prescriptions: _____	Prescriptions: _____
_____	_____
_____	_____
Tobacco Use: _____	Rx Cost: _____
Tobacco Use: _____	Rx Cost: _____

  

Client's Type Of Insurance: _____	Spouse's Type Of Insurance: _____
Company: _____	Company: _____
Plan: _____	Premium: _____
Rx Provider: _____	Rx Provider: _____
Plan: _____	Premium: _____
Dental Coverage? _____	Dental Coverage? _____

1) Are you interested in lowering your total out of pocket medical expenses? \_\_\_\_\_

2) Are you curious about whether a traditional medicare supplement or medicare advantage plan is best for you? \_\_\_\_\_

## DISABILITY OR LONG-TERM CARE INSURANCE

Client's Type Of Insurance: _____	Spouses's Type Of Insurance: _____
Company: _____	Company: _____
Benefits: _____	Benefits: _____
Benefit Period: _____	Daily Benefit: _____
Cost Of Living Increase: _____	Premium: _____
Elimination Period: _____	ROP: _____

1) What plans have you made if you eventually require LTC? \_\_\_\_\_

2) Have you ever known anyone that required long-term care & how did it affect them? \_\_\_\_\_

3) What are your long-term care concerns? \_\_\_\_\_

4) What role do you see your children playing in your long-term care? \_\_\_\_\_

5) Are you interested in protecting your assets and/or estate from expenses related to long-term care? \_\_\_\_\_



### ESTATE PLANNING

- Will or Trust?: \_\_\_\_\_ Type: \_\_\_\_\_ Will it conform to your state laws? \_\_\_\_\_
- 1) What are your estate planning goals? \_\_\_\_\_
  - 2) What plans have you made for your estate to meet these goals? \_\_\_\_\_
  - 3) Are you interested in avoiding probate in addition to reducing or eliminating taxes on your estate? \_\_\_\_\_
  - 3) Is there any person or organization that you would like to leave a gift to after you pass away? \_\_\_\_\_

### LIFE INSURANCE

#### Client's Life Insurance:

Policy #1

Company: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Type: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #2

Company: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Type: \_\_\_\_\_ Cash Value: \_\_\_\_\_

#### Spouse's Life Insurance:

Policy #1

Company: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Type: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Policy #2

Company: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Type: \_\_\_\_\_ Cash Value: \_\_\_\_\_

- 1) Do you or anyone else own a life insurance policy on your life? What are your plans for your life insurance? \_\_\_\_\_
- 2) Do you still need your life insurance? Would you like to have your life policy appraised on the secondary market? \_\_\_\_\_
- 3) What type of plans have you made for your final expenses? \_\_\_\_\_
- 4) How much income will be lost upon the death of each spouse? \_\_\_\_\_
- 5) If you own a mortgage, do you have a plan to pay the balance of the loan after death? \_\_\_\_\_

### INCOME, INVESTMENTS, & ASSETS

Your Investment and Planning Goals and Objectives	Not Important		Somewhat Important		Very Important	
	Client	Spouse	Client	Spouse	Client	Spouse
1) Accumulating wealth for the future/Immediate income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Charitable giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Children/Grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Controlling expenses or debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Emergency cash reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Major purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Preserving wealth for heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Protection from death or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Reducing income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Retirement/financial Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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## INCOME, INVESTMENTS, & ASSETS

### INCOME

Social Security (Client/Spouse): \_\_\_\_\_ Pension (Client/Spouse): \_\_\_\_\_

Investment (Client/Spouse): \_\_\_\_\_ Other (Client/Spouse): \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_

### EXPENSES

Mortgage/Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Taxes: \_\_\_\_\_

Credit Cards: \_\_\_\_\_ Groceries: \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

### ASSETS

Checking/Cash: \_\_\_\_\_ Stocks: \_\_\_\_\_

Savings: \_\_\_\_\_ Bonds: \_\_\_\_\_

Money Market: \_\_\_\_\_ Mutual Funds: \_\_\_\_\_

CD's: \_\_\_\_\_ IRA: \_\_\_\_\_

Annuities: \_\_\_\_\_ 401k: \_\_\_\_\_

Insurance Cash Value: \_\_\_\_\_ Roth IRA: \_\_\_\_\_

Real Estate: \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

### LIABILITIES

Mortgages: \_\_\_\_\_ Loans: \_\_\_\_\_ Credit Cards: \_\_\_\_\_ Cars: \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL LIABILITIES:** \_\_\_\_\_

- 1) How comfortable are you with the risk of your current investments? \_\_\_\_\_
- 2) Do you feel that your investments need to be insured? \_\_\_\_\_
- 3) How do feel about the returns on your current investments over the last 1-5 years? \_\_\_\_\_
- 4) Are you able to still save income or are you depleting assets? \_\_\_\_\_
- 5) Are you concerned with outliving your retirement assets? \_\_\_\_\_
- 6) Are you concerned with inflation or future cost of living increases? \_\_\_\_\_
- 7) How much money do you feel needs to be liquid to make you comfortable? \_\_\_\_\_
- 8) What is your greatest concern about your current & future financial situation? \_\_\_\_\_
- 9) Are you interested in increasing your income with a guaranteed lifetime income that you cannot outlive? \_\_\_\_\_
- 10) Are you paying income tax? Are you interested in reducing taxes on your ordinary, interest, & social security income? \_\_\_\_\_
- 11) Do you have an IRA? If so, are you interested in stretching your IRA? \_\_\_\_\_
- 12) Are you interested in an investment that is insured which could increase your returns & reduce your risk? \_\_\_\_\_
- 13) Are you interested in increasing the after tax equivalent yield on your investments? \_\_\_\_\_
- 14) Are you interested in your estate avoiding probate court? \_\_\_\_\_
- 15) Would you participate in stock market gains if you were guaranteed no loss on your principle or future earnings? \_\_\_\_\_







# AUTHORIZATION FORM

## AUTHORIZING ENTITY INFORMATION

Full Name	Tax ID# or SS#	Date Of Birth	Phone	Fax	Email Address	
Street Address			City	State	Zip	

## AUTHORIZED ENTITY INFORMATION

Full Name	Tax ID# or SS#	Phone	Fax	Email Address	
Street Address			City	State	Zip

## RELEASING ENTITY INFORMATION

Full Name	Identifying #	Phone	Fax	Email Address	
Street Address			City	State	Zip

## INFORMATION BEING REQUESTED

Product Name/Type	Account Number(s)
-------------------	-------------------

What Information Is Being Requested

### Purpose(s):

(The "Authorizing Entity"), named above, specifically authorizes and permits (The "Authorized Entity"), named above, to request, obtain, gain access to, and release to any third party any public, nonpublic, personal, private, or confidential information about or pertaining to the Authorizing Entity from ("The Releasing Entity"), named above. Information that may be released to the and disclosed to the Authorized Entity or any third party pursuant to this Authorization shall include any and all information, to the extent permitted by applicable law.

### Acknowledgement(s):

The Authorizing Entity acknowledges and understands that information requested by the Authorized Entity may include public, nonpublic, personal, private, and/or confidential information about or pertaining to the Authorizing Entity, if applicable. The Authorizing Entity acknowledges and understands that it is not required to sign this authorization for any reason and that choosing to do so is a decision made at the Authorizing Entity's sole discretion. The Authorizing Entity acknowledges and understands that information disclosed to the Authorized Entity may have been subject to state and federal privacy laws and regulations and that once the information is disclosed to the Authorized Entity it may no longer be subject to those laws and regulations.

### Authorization(s):

The Authorizing Entity specifically authorizes the Releasing Entity to release the information being requested in this document to the Authorized Entity and its representatives, as stated above. The Authorizing Entity specifically authorizes the Authorized Entity to receive any information from any entity and specifically authorizes any entity to release any information to the Authorized Entity. The Authorizing Entity also specifically authorizes the Authorized Entity to release any information obtained about the Authorizing Entity to any company(s), organization(s), institution(s), entity(s), or other person(s) performing business or professional services or functions for the Authorized Entity.

### Agreement(s):

The Authorizing Entity agrees that a photocopy of this Authorization shall be as valid as the original. The Authorizing Entity also agrees that this Authorization shall be effective and remain in effect until revoked in writing by the Authorizing Entity and written notice of the revocation is provided to the Authorized Entity. Any action taken in reliance on this Authorization prior to the notice of the revocation shall be valid.

Entered into this \_\_\_\_\_ day of \_\_\_\_\_,

### Authorizing Entity:

Printed Name Of Authorizing Entity

Signature Of Authorizing Entity

### Authorized Entity

Printed Name Of Authorized Entity

Signature Of Authorized Entity



# AUTHORIZATION FORM

## AUTHORIZING ENTITY INFORMATION

Full Name	Tax ID# or SS#	Date Of Birth	Phone	Fax	Email Address	
Street Address			City	State		Zip

## AUTHORIZED ENTITY INFORMATION

Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address			City	State		Zip

## RELEASING ENTITY INFORMATION

Full Name	Identifying #	Phone	Fax	Email Address		
Street Address			City	State		Zip

## INFORMATION BEING REQUESTED

Product Name/Type	Account Number(s)
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What Information Is Being Requested

### Purpose(s):

(The "Authorizing Entity"), named above, specifically authorizes and permits (The "Authorized Entity"), named above, to request, obtain, gain access to, and release to any third party any public, nonpublic, personal, private, or confidential information about or pertaining to the Authorizing Entity from ("The Releasing Entity"), named above. Information that may be released to the and disclosed to the Authorized Entity or any third party pursuant to this Authorization shall include any and all information, to the extent permitted by applicable law.

### Acknowledgement(s):

The Authorizing Entity acknowledges and understands that information requested by the Authorized Entity may include public, nonpublic, personal, private, and/or confidential information about or pertaining to the Authorizing Entity, if applicable. The Authorizing Entity acknowledges and understands that it is not required to sign this authorization for any reason and that choosing to do so is a decision made at the Authorizing Entity's sole discretion. The Authorizing Entity acknowledges and understands that information disclosed to the Authorized Entity may have been subject to state and federal privacy laws and regulations and that once the information is disclosed to the Authorized Entity it may no longer be subject to those laws and regulations.

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Entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

### Authorizing Entity:

Printed Name Of Authorizing Entity

Signature Of Authorizing Entity

### Authorized Entity

Printed Name Of Authorized Entity

Signature Of Authorized Entity



# BROKER OF RECORD REQUEST FORM

AUTHORIZING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Date Of Birth	Phone	Fax	Email Address	
Street Address			City		State	Zip
AUTHORIZED ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address			City		State	Zip
CHANGE BEING REQUESTED						
Company/Manufacturer Name			Account Number(s)			

**Purpose(s):**

(The "Authorizing Entity"), named above, specifically authorizes and requests (The "Authorized Entity"), named above, to be assigned as the Broker of Record on the Authorizing Entity's Account Number(s) referenced above. The Authorizing Entity also specifically authorizes and permits the Authorized Entity to obtain, gain access to, and release to any third party any public, nonpublic, personal, private, or confidential information about of pertaining to the Authorizing Entity's Account Number(s) referenced above. Information that may be released to the and disclosed to the Authorized Entity or any third party pursuant to this Authorization shall include any and all Information, to the extent permitted by applicable law.

**Acknowledgement(s):**

The Authorizing Entity acknowledges and understands that information requested by the Authorized Entity may include public, nonpublic, personal, private, and/or confidential information about or pertaining to the Authorizing Entity, if applicable. The Authorizing Entity acknowledges and understands that it is not required to sign this authorization for any reason and that choosing to do so is a decision made at the Authorizing Entity's sole discretion. The Authorizing Entity acknowledges and understands that Information disclosed to the Authorized Entity may have been subject to state and federal privacy laws and regulations and that once the Information is disclosed to the Authorized Entity it may no longer be subject to those laws and regulations.

**Authorization(s):**

The Authorizing Entity specifically authorizes the Authorized Entity to be assigned as the Broker of Record on the Authorizing Entity's Account Number(s) referenced above. The Authorizing Entity specifically authorizes the Authorized Entity to receive any information from any entity and specifically authorizes any entity to release any information to the Authorized Entity. The Authorizing Entity also specifically authorizes the Authorized Entity to release any information obtained about the Authorizing Entity to any company(s), organization(s), institution(s), entity(s), or other person(s) performing business or professional services or functions for the Authorized Entity.

**Agreement(s):**

The Authorizing Entity agrees that a photocopy of this Authorization shall be as valid as the original. The Authorizing Entity also agrees that this Authorization shall be effective and remain in effect until revoked in writing by the Authorizing Entity and written notice of the revocation is provided to the Authorized Entity. Any action taken in reliance on this Authorization prior to the notice of the revocation shall be valid.

Entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**Authorizing Entity:****Authorized Entity**

\_\_\_\_\_  
Printed Name Of Authorizing Entity

\_\_\_\_\_  
Printed Name Of Authorized Entity

\_\_\_\_\_  
Signature Of Authorizing Entity

\_\_\_\_\_  
Signature Of Authorized Entity



# BROKER OF RECORD REQUEST FORM

AUTHORIZING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Date Of Birth	Phone	Fax	Email Address	
Street Address			City		State	Zip
AUTHORIZED ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address			City		State	Zip
CHANGE BEING REQUESTED						
Company/Manufacturer Name			Account Number(s)			

## Purpose(s):

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## Authorization(s):

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## Agreement(s):

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Entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

## Authorizing Entity:

## Authorized Entity

\_\_\_\_\_  
Printed Name Of Authorizing Entity

\_\_\_\_\_  
Printed Name Of Authorized Entity

\_\_\_\_\_  
Signature Of Authorizing Entity

\_\_\_\_\_  
Signature Of Authorized Entity



# NON-CONSERVATION FORM

APPLYING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Date Of Birth	Phone	Fax	Email Address	
Street Address			City		State	Zip
CONSERVING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address			City		State	Zip
RECEIVING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address			City		State	Zip
TRANSFER BEING REQUESTED						
Company / Manufacturer Name			Account Number(s)			

## Purpose(s):

(The “Applying Entity”), named above, has submitted an application with (The “Receiving Entity”), named above. The Receiving Entity has approved the application and has submitted transfer paperwork to (The “Conserving Entity”), named above, to release funds from the account number(s) named above. The Applying Entity specifically requests that the Conserving Entity waive any business conservation efforts and transfers all requested funds from the account number(s) named above immediately upon receipt of this Non-Conservation Form. The Applying Entity also requests that that Conserving Entity immediately notify the Applying Entity and the Receiving Entity once funds have been released.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

## Applying Entity:

\_\_\_\_\_  
Printed Name Of Applying Entity

\_\_\_\_\_  
Signature Of Applying Entity



# NON-CONSERVATION FORM

APPLYING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Date Of Birth	Phone	Fax	Email Address	
Street Address		City		State	Zip	
CONSERVING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address		City		State	Zip	
RECEIVING ENTITY INFORMATION						
Full Name	Tax ID# or SS#	Phone	Fax	Email Address		
Street Address		City		State	Zip	
TRANSFER BEING REQUESTED						
Company / Manufacturer Name			Account Number(s)			

## Purpose(s):

(The “Applying Entity”), named above, has submitted an application with (The “Receiving Entity”), named above. The Receiving Entity has approved the application and has submitted transfer paperwork to (The “Conserving Entity”), named above, to release funds from the account number(s) named above. The Applying Entity specifically requests that the Conserving Entity waive any business conservation efforts and transfers all requested funds from the account number(s) named above immediately upon receipt of this Non-Conservation Form. The Applying Entity also requests that that Conserving Entity immediately notify the Applying Entity and the Receiving Entity once funds have been released.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

## Applying Entity:

\_\_\_\_\_  
Printed Name Of Applying Entity

\_\_\_\_\_  
Signature Of Applying Entity



## EXPLANATION FORM

Client/Case Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Case Review, Analysis, Recommendations, & Remediation Options:

[illegible]

Printed Name of Representative \_\_\_\_\_ (Date) \_\_\_\_\_

Signature of Representative \_\_\_\_\_ (Date) \_\_\_\_\_

By Signing below, I acknowledge that I have received a copy of this explanation letter as well as all disclosures and brochures related to this transaction. I also acknowledge that I have read and agree that each of the statements above is true to the best of my knowledge and belief:

---



---

Printed Name of Policy/Account Owner/Insured (Date)

---

Signature of Policy/Account Owner/Insured (Date)



## EXPLANATION FORM

Client/Case Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Case Review, Analysis, Recommendations, & Remediation Options:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Printed Name of Representative \_\_\_\_\_ (Date) \_\_\_\_\_

Signature of Representative \_\_\_\_\_ (Date) \_\_\_\_\_

By Signing below, I acknowledge that I have received a copy of this explanation letter as well as all disclosures and brochures related to this transaction. I also acknowledge that I have read and agree that each of the statements above is true to the best of my knowledge and belief:

---



---

Printed Name of Policy/Account Owner/Insured (Date)

---

Signature of Policy/Account Owner/Insured (Date)