

Welcome to Underwriting Specialists Inc.

Contouring New Directions in Financial Services

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Dedicated Service Team

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Portfolio of Products

•

Bonus Opportunities

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Service Standards

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Contracting & Carrier Appointments

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Submitting Business

•

Case Management

•

Comprehensive Fact Finder & Quote Forms



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Contouring New Directions in the Financial Services Industry

With Decades of Experience, 'US' Reaffirms its Commitment to its Dedicated Affiliates

Founded in 1975, Underwriting Specialists, Inc. (US) has been a dedicated resource for insurance producers by providing a variety of traditional life, long-term care and disability products.

Now, with new leadership at US, there's a renewed focus on enhancing the products and services available to our affiliates and increasing their chances for greater success.

Going forward, US will continue to provide the same quality products to affiliates that we currently offer, but we'll also be expanding our product base so affiliates have more current, comprehensive and creative solutions for their clients.

At Underwriting Specialists, we are committed to providing our affiliates with a full-range of solutions and delivering the required marketing support to properly present and implement the right products for their clients.

Furthermore, we are pleased to boast one of the most aggressive and highest affiliate compensation structures available, and we will continue to develop new incentive programs for our dedicated affiliates.

Our team of experienced insurance professionals are ready to support your sales and marketing efforts, so you can shift your business into high gear. ■

“*In addition to our extensive years of industry experience, in-depth product knowledge and our commitment to prompt and accurate processing of business, we continually review and rollout new products so that our affiliates have the most comprehensive suite of solutions available to them to manage the various needs of their clients.*”

Rick Silva CLU MSOD
President
Underwriting Specialists, Inc.

■ exceptional experience

Over 40 years of distinguished service in the financial services industry specializing in Life Insurance, Long Term Care, Long Term Disability and Substandard UL Solutions.

■ strategic partners

A multi-disciplined team of strategic partners - nationally recognized - providing our producers with viable options for every conceivable financial-service solution.

■ product expansion

We constantly offer cutting edge products and concepts as a vital tool for our producers' success.

■ specialty products

We offer a unique portfolio of special market products ranging from life insurance audits and life settlements to customized financial websites, capital acquisition strategies and leveraged retirement planning.

Leading the Way with Decades of Experience in the Insurance and Financial Service Industries



President & Managing Partner
Sales, Marketing & Distribution

Rick Silva CLU, MSOD

Strategic Planning & Management

Email: rsilva@undspec.com

Phone: 800-652-5700 x1634



Executive VP & Secretary

Operations, Technology, Financial

Walt Tillman

Email: wtillman@undspec.com

Phone: 800-652-5700 x1627



The Ellis Management Group includes Robert Ellis,
David Ellis, James Ellis and Daniel Ellis.

From Application to Final Issue, Our Service Team is on the Case



Vice President of Sales & Distribution

Bill Preston CLU

Email: bpreston@undspec.com

Phone: 800-652-5700 x1659



Director of Advanced Sales

Dave Siegel JD

Email: dsiegel@undspec.com

Phone: 800-652-5700 x1657



Director of Marketing

John Silva

Email: jsilva@undspec.com

Phone: 800-652-5700



USI Marketing Consultant

DJ Metcalf

Our Expanded Portfolio Offers More Sales Opportunities for Affiliates

At Underwriting Specialists Inc. (US), we have access to the most diversified financial products and services in the country. Through our nationally recognized network of Strategic Partnerships, we offer individual and business clients innovative and comprehensive solutions to achieve their financial needs.

We move beyond the myopic solutions offered by individuals working alone, concentrating on solving one piece of the puzzle. We construct a multi-disciplinary strategic team, providing specialization, but specialization tempered by a holistic perspective.

Our analysis and subsequent recommendations are always guided by achieving the client's complete objectives, prioritized by needs.

We quarterback the search for those solutions, acting as an agent on behalf of the client. We do not offer a pre-determined solution to a particular circumstance. We assess each client's situation and construct a solution team consisting of the precise organizations to generate the most desired result.

Spend More Face Time with Clients, While US Processes Your Business

■ A Total Team Effort

With you on the front lines presenting your clients with the right solutions, our team of professionals are working behind the scenes to process your business.

■ Efficiency and Accuracy

We know the quicker your business is processed the better, so our goal is to review and process your applications the same day they are received.

■ The Right Solutions

Need a solution that's unique to your client's situation? Ask us, and we'll work to identify and implement a solution that works.

■ 24/7 Access You Need

Visit our website to access forms, generate quotes, submit applications, complete licensing and contracting, locate carrier and product details and more.

■ Stay Informed

Get access to advanced commissions, bonuses and incentives, as well as real-time case statuses.

An Expanded Portfolio: Our Key Silos of Services

■ Traditional Portfolio

Life - Universal Life, Indexed UL, Whole Life, Investment Grade WL, Final Expense, Simplified & Guaranteed Issue

Health - Long Term Disability, Supplemental LTD, Long Term Care, Hybrid LTC, Critical Illness

Annuities - Fixed & Indexed

■ Traditional Portfolio Plus

- High Early Cash Value Life, Life Insurance Audits, Senior Care Funding

■ Securities

- URS / Fairfax Global

■ Special Markets

Life Settlements, Structured Settlements, Leveraged Retirement Planning, Estate Planning, Pensions - 401k, 403b, Deferred Comp, Defined Benefit, SEPs

■ Asset Management

- Receive compensation for referring Client Assets to Professional Asset Management Firm
- Nationally Recognized & Media Visible Firm
- No Securities Licensing Required under the Investment Advisors Act of 1940 - Section 206(4)3



TRADITIONAL INSURANCE PORTFOLIO

LIFE PRODUCTS

Term, Return of Premium, Universal, Indexed UL, Survivor UL, Whole Life, Final Expense, Graded, Group, etc.

- **Primary Life Carriers:** American General, American National, Banner, Penn Mutual, Prudential, North American, Lincoln, Minnesota Life, Foresters, Mutual of Omaha and more
- **Unique to USI:** Penn Mutual & GBU

LONG-TERM CARE SOLUTIONS

Traditional (Stand-Alone), Hybrid (Life/LTC & Annuity LTC), Group LTC

- **Primary Carriers:** One America, Genworth, Nationwide, Protective, Minnesota Life, Lincoln, Med America (Group), Life Secure (Group)

DISABILITY PRODUCTS

Long-Term and Short-Term, Individual and Group, Blue Collar & White Collar Professions, Executives, Physicians/Medical Professionals, Professional Athlete's, Entertainers, Buy/Sell, Business Overhead, etc.

- **Primary Disability Carriers:** Guardian, Standard, Principal, Union Central, Assurity, Reliance, Mutual of Omaha, Illinois Mutual

CRITICAL ILLNESS PRODUCTS

Receive immediate lump sum benefits of between \$5,000 to \$500,000 without an elimination period for specified conditions such as: heart attack, stroke, cancer, paralysis, coronary bypass and more.

LEADING ANNUITY PRODUCTS

Here's a list of the fixed annuity products we offer. Whether your clients needs are safe growth, immediate income, future guaranteed income or even long-term care, we have the knowledge, expertise and products to serve you and your clients.

FIXED INDEXED ANNUITIES

- Allianz- Including Allianz Preferred Products
- Athene
- American General
- American National
- Equitrust
- F&G
- Guggenheim Life
- Integrity
- Lincoln Financial
- Lafayette Life
- North American
- Phoenix Life Insurance
- Voya

FIXED ANNUITIES

- GBU

GROUP

- American National (Variable or Fixed)
- Lafayette Life

MYGA

- American General
- American National
- Athene
- Guggenheim
- North American
- Equitrust
- F&G

SPIA & DIA

- American General
- American National
- Integrity
- GBU
- North American

LTC/ANNUITY HYBRID

- One America
- Phoenix Life

QLAC

- American General
- Lincoln Financial

SPECIALTY MARKETS & SERVICES

IMPAIRED RISK

Classification assessments are available for all cases prior to submission "in-house" underwriter services available for impaired risk cases.

INTERNATIONAL LIFE INSURANCE

Life insurance for US citizens without exclusions or limitations for international travel or residence.

BANK LOAN LIFE INSURANCE

Designed to indemnify a lender for the balance at risk given a contractual business loan agreement.

GUARANTEED ISSUE EXCESS DISABILITY INSURANCE

Issue limits up to \$250,000 per month per person

PENSIONS

Small Business Owner (1 -25) designed comprehensive system

- Full Marketing and Support available
- Customized Plan Designs
- Full Third-Party Services provided

LIFE SETTLEMENTS

Re-Capitalize the current value of existing unwanted life insurance policy's

- Multiple brokers to choose from
- Turn-Key life insurance policy conversion to Long-Term Care Benefits program

Earn More This Year With These Additional Bonus Opportunities

LEVEL I • AGENT

\$100.00 Bonus on first \$5,000 of placed first year life commission
(Carrier Specific)

\$250.00 Bonus upon reaching \$10,000 threshold
(Carrier Specific)

LEVEL II • AGENT

5% Bonus upon placement of \$25,000 first year life commission
(Carrier Specific)

LEVEL III • Elite Advisors Group

10% Bonus for Agent/Advisor generating over \$50,000
of first year life commissions (Carrier Specific)

Annuity Sales Bonus *(Bonus on Annual Target Annuity Premiums)*

• **Greater than \$1,000,000** - Receive 25% of USI Override

- Bonus calculated on life and annuity business placed between Jan. 1, 2017 thru Dec. 31, 2017. Allianz offers a separate bonus and is not included in the USI bonus plan.
- Bonus subject to approval and authorization of Underwriting Specialists, Inc.
- Payable March 31, 2018 for agents who maintain contracting with USI.

Quote & Illustration Requests

- Basic requests received before 3 pm will be provided before the end of that day.
- Requests involving health impairments will be reviewed with a tentative offer and illustration provide within three business days.
- Complex planning and product requests provided within 48 hours of request.

Contracting

- Appointment with a large majority of our carriers can be accomplished electronically via our simplified online process.
- Time frame for receiving specific carrier appointments are dependent on carrier protocol.
- Contact our Licensing & Contracting Department for specific carrier and state guidelines regarding contracting and application submission and assistance.

Application Processing

- Application Entry - recorded on USI case management system within 24 hours of receipt.
E-mail acknowledgement sent to agent
- APS Ordering - USI orders with most carriers. Agent may sometime order upon their request, or if need is determined by carrier.
- Exam Ordering - USI orders exams unless otherwise requested by agent. Exam company will contact client within 48 hours of receiving order.
- USI process to send application to carrier - All applications arrive at carrier via imaging or UPS track-able service. Whenever possible, USI will fax or e-mail applications to carriers that accept this method. Carriers post applications within 48 hours.

New Business Communication

- Weekly updates from USI case manager delivered weekly via e-mail
- One business day response to incoming faxes or e-mails
- One business day response to phone messages

Case Management

- New business correspondence requested or received forwarded within 24 hours
- New business cases in process 60 days or more reviewed systematically and aggressively until resolved.
- Case manager new business follow-up every 5 business days via e-mail
- Final delivery requirements & policies sent to carrier via image or UPS track-able service.

Declined/Rated Cases

- All cases involving a significant classification decrease or declination will be reviewed by our in-house impaired risk specialists to review for potential better options.

Policy Service

- Please contact the carrier directly for in-force policy requests and service.

USI Offers and Simple, Secure and Efficient Process to Establish Your Carrier Appointments



Use our secure, online contracting system to complete your carrier appointments.

To get started, visit www.undspec.com and click on the contracting link on our home page.

Please be sure to have the following items available before you begin the process:

- Copy of a Voided Check to the bank account you want carrier payments directed
- Copy of your up-to-date E & O Certificate
- The date when you last completed your Anti-Money Laundering Training

Once you've completed your Contracting Profile, requesting future individual carrier appointments is short and simple.

When you are logged in, at the top right in the SuranceBay contracting system you'll find a button for 'Request Appointment', which will direct you to select whichever carriers you wish to contract with.

After submitting your appointment, we will process it for you and follow up with any outstanding requirements to finalize your contracting process.

If you need further assistance with contracting, contact Ivonne Dege or Walt Tillman at 800-652-5700.

PAPER APPLICATIONS

1. Use correct and most current applications and forms.

Almost every USI contracted carrier's applications can be accessed and found on our website **www.undspec.com**. If you cannot find or are unsure which to choose or use, simply pick-up the phone and contact our marketing department to assist you.

2. Take your time and review the application for accuracy before sending to USI for processing.

All relevant information must be on the application before it can be submitted to the carrier. Not initially providing this required information is the number one cause of significant application delays.

- "IN GOOD ORDER" - Make sure your application includes all of the required following:
Part I & Part II with Banner Life; Agents Report; Disclosure form; Accelerated Death Benefit form; State Specific Replacement form; Signed HIPPA form; EFT/Voided Check;
Any Necessary Supplemental forms
- Know or ask us about the following specifics . . .
 - Signing illustrations specific to Cash Value and permanent plans
 - Temporary Insurance Agreements: Must Have Check With APP
When Received by Carrier . . . know the rules before submitting.
 - Include a Cover Letter for unusual and or difficult to understand situations
 - Attach health information for impaired risk cases

3. Send application to USI for processing:

- fax: 215-540-4471
- e-mail: info@USI.com
- regular mail: must use this method if submitting with a check

4. Para-Medical Exam - USI prefers to order and arrange for your clients paramedical exam. If you wish to initiate, please indicate on your application, and provide information specific to for your assigned case manager. By allowing USI to order the para-med exam, this also allows us to easier assist you with potential unanticipated medical issues with your case.

ELECTRONIC APPLICATIONS

- More convenient for the applicant
- More efficient use of time for the agent
- No worries about completing applications 'In Good Order'
- No more 20+ page applications
- No more asking awkward health questions
- Faster processing time
- Greater placement ratio
- Faster commission cycle

Congratulations...

Your application is at the carrier; the most difficult part of your applications journey has now been completed. Your USI Case Manager will be in contact with you via e-mail making you aware that your application has been received, and also to inform you what requirements have been satisfied and which still remain.

Case Manager Correspondence

Your USI case manager will update you weekly, informing you of all changes in case requirements; whether additional requirements such as an APS have been added, or if previously listed requirements have now been satisfied. The best method of correspondence with your case manager is e-mail, but you can also send information via fax.

Carrier Offer & Acceptance

The carrier has now responded to your clients application with an offer. If your clients offer matches what was applied for, the policy will automatically be issued for delivery. But quite often, the carriers health classification will differ from what you originally submitted. If this is the case, you may need to re-contact USI's marketing department to apply the changes that reflect the carriers offer. Or, you may want to speak to the marketing department for best options on highly rated or declined cases.

Placing In-Force

The carrier has mailed the policy with the delivery requirements to you. Complete and forward all signed and dated documents to USI to finalize. Once requirements are received by the carrier, your case is completed, in force, and commissions will be generated . . . congratulations!

I. PERSONAL INFORMATION

Date _____

Client A Name _____ D.O.B. _____ Email _____

Client B Name _____ D.O.B. _____ Email _____

Permanent Address

Street _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Work Phone _____

Secondary Address (IF APPLICABLE)

Street _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Work Phone _____

Client A Information (PLEASE CHECK ONE)

Are you a US citizen? Yes No

Do you smoke? Yes No Use tobacco in another form? _____

Do you have any health issues? Yes No If yes, please specify. _____

Employer(s) _____ Job Title(s) _____

Client B Information (PLEASE CHECK ONE)

Are you a US citizen? Yes No

Do you smoke? Yes No Use tobacco in another form? _____

Do you have any health issues? Yes No If yes, please specify. _____

Employer(s) _____ Job Title(s) _____

Dependent Information

Name	Age	Spouse's Name	Age	Dependent of			
				Client A		Client B	
				Yes	No	Yes	No
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grandchildren Information

Child Name	Age	Parents Name
1.		
2.		
3.		
4.		
5.		

II. Objectives & Goals

What are your short-term financial goals (0 - 5 years)? Please list and prioritize (e.g., reduce debt, buy a car, college funding, etc.)

What are your long-term financial goals (5 years thru retirement)? Please list and prioritize (e.g., buy second home, special gifts for kids retire early- please indicate your planned retirement age as well).

List your top five goals in order of priority from most important to less important:

1. _____
2. _____
3. _____
4. _____
5. _____

What monthly income do you need to meet your lifestyle expectations? Do you foresee any changes in current income?

To potentially increase retirement income and/or reduce taxes, how much could you invest to help meet your financial goals?

III. Income Statement

Income (monthly)	Client A	Client B
Salaries, wages, bonuses (after tax)	_____	_____
Investment income	_____	_____
Social Security/Other	_____	_____
Total Income	_____	_____
Expenses (monthly)		
Mortgage(s)	_____	_____
Auto Payment(s)	_____	_____
Living Expenses (food, clothing, transportation)	_____	_____
Entertainment & Recreation	_____	_____
Other Expenses	_____	_____
Total Expenses (amount available for savings and investment)	_____	_____

IV. Asset Summary

ASSETS	CURRENT VALUE	COST BASIS	% GROWTH	INCOME PRODUCING (Y/N)	DEBT/LOAN	OWNERSHIP (CLIENT A, B, JOINT)
Home(s)						
Real Estate						
Business Interest						
Equities						
• Mutual Funds						
• Individual Securities						
• Nonqualified Annuities						
Bonds						
Taxable						
Tax-Free (i.e. Municipal)						
Cash/Money Market Account						
Bank Account(s)						
Personal Note(s)						
Personal Property						
Misc. Assets						
Total Current Value of Assets: Client A \$		Client B \$		Joint \$		

Retirement Plans (enter current value) **Client A** **Client B**

401k/403b/Keogh/SEP _____

Traditional IRA _____

Roth IRA _____

Pension _____

Totals _____

Life Insurance

1. Insured	Insurer	Premium \$	Owner	Beneficiary
Circle One: <u>WL</u> <u>UL</u>	<u>VUL</u> <u>TERM</u> /	Death Benefit \$		Cash Value \$

2. Insured	Insurer	Premium \$	Owner	Beneficiary
Circle One: <u>WL</u> <u>UL</u>	<u>VUL</u> <u>TERM</u> /	Death Benefit \$		Cash Value \$

IV. Other Debts

Short- Term	Client A	Client B	Long- Term	Client A	Client B
• Credit Card	_____	_____	• Real Estate	_____	_____
• Credit Line	_____	_____	• Mortgage	_____	_____
• Auto	_____	_____	• Business Loans	_____	_____
• Other	_____	_____	• Other	_____	_____
Totals	_____	_____	Totals	_____	_____

VI. Estate Planning | Wills | Trusts

	Client A	Client B
Do you currently have a will? If yes, when was it last updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a living trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a credit shelter trust/provision setup?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Health Care POA or Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided in another state? If yes, what state and when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you making gifts to a charitable or non-profit foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been making gifts to your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to make lifetime gifts to your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What other estate planning have you done?	_____	_____

If you are working with a CPA, Attorney or Advisor, please indicate their names and numbers below.

NAME	PHONE	EMAIL
Attorney	_____	_____
Accountant	_____	_____
Other Advisor	_____	_____

VII. Business Ownership

Business Name _____

Business Structure (Circle One): Sole Proprietor 'C' Corp 'S' Corp Partnership LLC or LLP

If a 'C' Corp, what is the corporate tax bracket? % What is your personal tax bracket? %

Percentage of Business Owned % Other Owners

Do you have children active in business?

Do you wish children to continue business after you retire?

Do you have any other partners or key employees who would succeed you in the business?

Is there currently a buy/sell arrangement in place?

If so, how is it structured (entity/trust owned, cross purchase)?

How is the arrangement funded?

Is there a 'key employee' plan in place?

Underwriting Specialists, Inc. and their agents and representatives do not give tax or legal advice. This information is general in nature and not comprehensive, the applicable laws change frequently and the strategies may not be suitable for everyone. You should seek advice from your tax and legal advisors regarding your individual situation.

Agent:

Date:

Client Name

D.O.B.

Sex: M or F

Application State:

Amount of Insurance: \$

Type of Insurance: Term WL UL IUL VUL SUL

Term Length: 10 yr 15 yr 20 yr 25 yr 30 yr LIFE

Permanent Products: (PICK ONE) Death Benefit Guarantee Cash Value Accumulation

Payment Options: (PICK ONE) Monthly Quarterly Semi-Annual Annual

1035 / Lump Sum Amount: \$

Optional Riders: (PICK ONE) Waiver of Premium Return of Premium LTC / Chronic Care Child Rider _____ Units

Classification

Client Build: Height FT. IN. Weight LBS.

Tobacco / Nicotine Use: Ever Used? Y or N If yes, date last used: Type: Cigarettes / Cigars / Pipe / Chew / Gum

Frequency of Use:

Health History: Diabetes Heart Disease Cancer Other

Provide Additional Health History Details:

List of Current Medications & Quantities:

Family History: Death of parent or sibling prior to age 60 due to heart disease or cancer? If yes, please provide detail.

Other Notes:

Agent Name: _____

Request Date: _____

Request Needed: _____

CLIENT DETAILS

Client Name _____ Sex: M or F _____

Spouse Name _____ Sex: M or F _____

D.O.B. _____ Height _____ Weight _____

D.O.B. _____ Height _____ Weight _____

Marital Status: S N Domestic Partner

Marital Status: S N Domestic Partner

Application State: _____

Application State: _____

Serious illness, accident or hospitalization in last 10 years: Yes No

Serious illness, accident or hospitalization in last 10 years: Yes No

If yes, provide detail: _____

If yes, provide detail: _____

Smoker: Yes No

Smoker: Yes No

List any other health issues: _____

List any other health issues: _____

Medications: _____

Medications: _____

High Blood Pressure: Yes No

High Blood Pressure: Yes No

Has client been declined for LTC coverage: Yes No

Has client been declined for LTC coverage: Yes No

If Yes, provide year, carrier and reason: _____

If Yes, provide year, carrier and reason: _____

PLAN DESIGN

Carrier Choice: (Check your choices; not all carriers available in all states)

- Genworth Mutual of Omaha Lincoln Money Guard Asset / Annuity Care

Product Choice:

- Traditional LTC Life with Chronic Care Rider Hybrid LTC

Daily Benefit Amount: _____ Benefit Period: _____

Payment: LumpSum 10-Pay 20-Pay

Elimination Period: _____

Desired Level of Premium: \$ _____

Inflation Protection: None Simple 3% Compound 3%

- Simple 5% Compound 5%

Choice of Riders:

- Waiver HC Elimination Shared Care (Only offered by certain carriers)

Agent Name: _____ **Request Date:** _____ **Request Needed:** _____

Agent Phone: () _____ **Agent Email:** _____

CLIENT DETAILS

Client Name _____ Sex: Male or Female _____

D.O.B. _____ Height _____ Weight _____ Application State: _____ Smoker: Yes No

Employment Status: Non-Owner Employee Owner

Entity: Sole Proprietor Partnership LLC C-Corp S-Corp

Percentage Ownership: _____ % **Length of Ownership:** _____ **No. of Employees:** _____

Business Type: _____ **No. of Years in Business:** _____

Occupation: _____ **Work from home?** Yes or No If yes, what %: _____

Percentage of Duties: Office _____ % Sales _____ % Supervisory _____ % Manual _____ %

FINANCIAL INFORMATION: INCOME & NET WORTH

Have you ever filed for personal or business bankruptcy? Yes No

Does Unearned Income Exceed 25% of Earned Income? Yes No

Is Net Worth Over \$3 Million? Yes No

	Year to Date	Last Year
Earned Income After Expenses	\$ _____	\$ _____
Unearned Income	\$ _____	\$ _____

DISABILITY INFORMATION

Do you currently have Disability Insurance in force? Yes No If yes, provide details.

Company	Monthly Benefit Amount	Benefit Period	Waiting Period	Employer Pay? (Y/N)
	\$ _____			
	\$ _____			
	\$ _____			

Do you intend to replace any coverage? _____

Have you ever had an application for disability insurance declined, rated or postponed? If yes, provide detail. _____

Specific Amount or Maximum Available: _____

Waiting Period: (Check One) 30 60 90 180 360

Benefit Period: (Check One) To Age 65/67 24 Month 60 Month Lifetime

Additional Benefits: (Check box or enter amount of rider, if applicable. All quotes include Partial/Residual)

Future Purchase Option \$ _____ Catastrophic \$ _____ Social Security Integration \$ _____

COLA (Circle One) 3% 6% Return of Premium

Agent Name:

Address:

City:

State:

Zip Code:

Agent Phone: ()

Agent Email:

Request Date:

Request Needed:

CLIENT DETAILS

Client Name:

Spouse:

D.O.B.

State of Residence:

Annuity Amount \$

Qualified

Non-Qualified

Investment Objective:

Growth

Income

Long Term Care

Death Benefit

Annuity Type:

SPIA

DIA

MYGA

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ADDITIONAL NOTES:

Multiple horizontal lines for additional notes.