



Date _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Spouse Name _____ Age _____

Circle One

- | | |
|--|-----------|
| 1. Do you have a Medicare Supplement Insurance Plan?
If yes, with what carrier? _____ | Yes No |
| 2. Do you have a Medicare Advantage Plan?
If yes, with what carrier? _____ | Yes No |
| 3. Do you have a Prescription Drug Plan?
If yes, with what carrier? _____ | Yes No |
| 4. Have you determined if you qualify for additional coverage? | Yes No |
| 5. Are you currently paying taxes on your Social Security income? | Yes No |
| 6. Do you currently have a CD or an IRA?
If yes, with whom? _____ | Yes No |
| 7. Do you currently have an annuity?
If yes, with what carrier? _____ | Yes No |

Best time to contact?

Preferred day (circle one)
 Monday Tuesday Wednesday Thursday Friday Saturday

Preferred time (circle one)
 Morning Afternoon

This form is optional. You are not obligated to disclose any information at this time.
 A licensed representative may contact you regarding this insurance-related information request.

I would like more information on:

- 1) Receiving a complimentary review of how the changes in Medicare may affect me. **No sales presentation will occur for a Medicare-related plan.**
- 2) How to protect my assets and help my family manage the consequences of my extended care needs.
- 3) The possibility of increasing my Life Insurance Benefits, without additional cost to me.
- 4) Accumulating assets for retirement through guaranteed equity index annuities.
- 5) How to supplement my Social Security and/or pension.
- 6) How to receive Guaranteed Lifetime income with Inflation Protection.

I know of an individual who may benefit from your presentation.

Name _____

Address _____

Phone _____

I know of a group that may benefit from your presentation.

Name _____

Address _____

Phone _____

To help us maintain the quality of our presentations, we appreciate your comments._____

We hope you enjoyed our presentation and we will be glad to provide the information you have requested!
A licensed representative may contact you regarding this insurance-related information request. Not affiliated with the United States government or the federal Medicare program. Please consult a licensed tax or investment professional before making financial decisions. No Cost. No obligation. Not all products are available in all areas.