Your Quote



• Let's shop around and try to find you the best deal.

	Option 1	Option 2	Option 3
Benefits			
Monthly Payment			
Payment			

- Which one of these fits your family's needs and your budget the best?
- All we need to get this started is your drivers license.



Agent:		

Clie	ent		Spouse/O	ther		Date		Co/P	lan			
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Crit	m III	vurs Disal	oility		Children		Res Dmg DI Waiver			Other Other		
#	Name First/Last	Re	lationship	Phone #		City			Ben	ERS	Rx	Ref
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<u>Please Tell Us About Your Experience</u>

1.	Are you satis	fied with the	quality of the se	ervice	that you received?					
	Yes	No	Somewhat							
2.	Was your ago	ent knowledg	eable and able t	to ans	wer your questions?					
	Yes	No	Somewhat							
3.	Would you recommend our services to a friend of family member?									
	Yes	No	Possibly							
4.	. What suggestions or comments do you have that can help us to improve the service that we offer to our clients? (use reverse if necessary)									
	What Products Would you Like to Know More About?									
				e to						
		<u>Oroducts W</u> our Retireme		e to	<u>Life Insurance Options</u>					
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YOUR FINANCIAL PICTURE

AGENT #	

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Children: Med:Reason for taking:						
Children: Any criminal or driving record concerns? YES NO Would you like us to complete Application? YES NO We will talk more about retirement in detail later. The reason I ask is I have a partner that helps my clients meet their goals. All I ask is that when he calls you, please give him the same courteous attention that you gave me. Can you do that for me? PHONE NUMBER Any criminal or driving record concerns? YES NO Would you like us to complete Application? YES NO To lient Signature Date						
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Email form to greensheet@bacapitalmanagement.com

Email