

Your Quote



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

Option 1

Option 2

Option 3

	Option 1	Option 2	Option 3
Benefits			
Monthly 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.



Please Tell Us About Your Experience

1. Are you satisfied with the quality of the service that you received?
Yes No Somewhat
2. Was your agent knowledgeable and able to answer your questions?
Yes No Somewhat
3. Would you recommend our services to a friend or 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?

Protecting Your Retirement

- Market Downturn Protection
- Old 401k/IRA Rollover

Maximizing Your Retirement

- Guaranteed Income for Life

Starting a Retirement

- Accessing Money Tax Free
- Better Allocation of Mthly Savings
- Insurance Retirement Account

Other Services

- Debt Consolidation
- Debt Optimization Software

Life Insurance Options

- Permanent Life Insurance
- Options for Parents
- Children's Head Start Program

Other Insurance Options

- Medicare Plans
- Disability Protection
- Critical Illness Protection

Other Service

- Health Matching Account

Additional Income

- Becoming a Part Time Agent

Your Name

Your Signature

Date

YOUR FINANCIAL PICTURE

AGENT # _____

YOUR NAME _____

DOB _____ HEIGHT _____ WEIGHT _____ TOBACCO YES NO

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ LENGTH _____

\$ _____ INCOME YES NO RETIRED _____ EXP. RETIREMENT AGE _____

\$ _____ LIFE POLICIES (FACE VALUE) TERM _____ WHOLE _____ IUL _____ (CHECK ALL THAT APPLY)

HEALTH INSURANCE PROVIDER _____

YOUR SPOUSE _____

DOB _____ HEIGHT _____ WEIGHT _____ TOBACCO YES NO

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ LENGTH _____

\$ _____ INCOME YES NO RETIRED _____ EXP. RETIREMENT AGE _____

\$ _____ LIFE POLICIES (FACE VALUE) TERM _____ WHOLE _____ IUL _____ (CHECK ALL THAT APPLY)

HEALTH INSURANCE PROVIDER _____

HOME OWNER? YES NO

TYPES OF DEBT

Other Assets that you have available to offset the mortgage if something happens to you?

LENDER _____

\$ _____ CREDIT CARDS

\$ _____ BUSINESS LOANS

HOMEOWNER INSURANCE PROVIDER _____

\$ _____ STORE CARDS

\$ _____ TAX DEBT

\$ _____ VALUE OF HOME

\$ _____ PERSONAL BANK LOANS

\$ _____ CAR LOANS

\$ _____ MORTGAGE AMOUNT

\$ _____ STUDENT/ EDUCATION LOANS (FEDERAL)

\$ _____ STUDENT/ EDUCATION LOANS (PRIVATE)

\$ _____ MORTGAGE MONTHLY PAYMENT

\$ _____ SAVINGS/ CDS

\$ _____ MUTUAL FUNDS/ STOCKS

\$ _____ 401K/ IRA/ ANNUITIES

\$ _____ NET WORTH

Any Health Concerns? Major Operations? Hospitalization last 5 yrs? Medications?

What Type of Health Issue:

Med: _____ Reason for taking: _____

Med: _____ Reason for taking: _____

Med: _____ Reason for taking: _____

Med: _____ Reason for taking: _____

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 _____

BEST CONTACT TIME: MORNING EVENING

Email form to greensheet@bacapitalmanagement.com

Client Signature _____

Date _____

Email _____