

YOUR FINANCIAL PICTURE

AGENT # _____

YOUR NAME _____ YES NO

DOB _____ HEIGHT _____ WEIGHT _____ TOBACCO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ LENGTH _____

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

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

HEALTH INSURANCE PROVIDER _____

YOUR SPOUSE _____ YES NO

DOB _____ HEIGHT _____ WEIGHT _____ TOBACCO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ LENGTH _____

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

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

HEALTH INSURANCE PROVIDER _____

HOME OWNER? YES NO

LENDER _____

HOMEOWNER INSURANCE PROVIDER _____

\$ _____
VALUE OF HOME

\$ _____
MORTGAGE AMOUNT

\$ _____
MORTGAGE MONTHLY PAYMENT

TYPES OF DEBT

\$ _____ CREDIT CARDS

\$ _____ STORE CARDS

\$ _____ PERSONAL BANK LOANS

\$ _____ STUDENT/ EDUCATION LOANS (FEDERAL)

\$ _____ BUSINESS LOANS

\$ _____ TAX DEBT

\$ _____ CAR LOANS

\$ _____ STUDENT/ EDUCATION LOANS (PRIVATE)

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

\$ _____ 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 _____

I AM YOUR LIFE INSURANCE POLICY.

You and I have similar purposes in this world.

It is your job to provide food, clothing, shelter, schooling, medicine, and other things for loved ones. You do this while I lie in your safe deposit box.

I have faith and trust in you. Out of your earnings will come the cost of my upkeep. At times, I may appear insignificant to you – but someday (and who knows when) you and I will change places.

When you are laid to rest. I may be used to help provide food, clothing, shelter, schooling, medicine, and other things your family will continue to need – just as you are doing now. When your work and labor are done, mine will begin. Through me, your hands carry on.

Whenever you feel the price you're paying for my upkeep is burdensome, remember that I can do more for you and your family than you will ever do for me.

If you do your part, I will do mine.

Sincerely yours,

Your life insurance policy



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

- Health Matching Account
- Pet Health Matching Account

Life Insurance Options

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

Other Insurance Options

- Medicare Plans
- Disability Protection
- Critical Illness Protection

Additional Income

- Becoming a Part Time Agent

Your Name

Your Signature

Date