

HYBRID LTC PROSPECTING WORKSHEET

Take a comprehensive look at the options available.



Opportunity #1: Individual ___ or Couple ___ Resident State: _____

Client 1 - Name: _____ DOB: _____ Tobacco: Y__ N__

Client 2 - Name: _____ DOB: _____ Tobacco: Y__ N__

Payment / Funding Option: *(Check both if you'd prefer to be presented with multiple options)*

Single Premium ___ Annual Premium (If Annual Premium: Lifetime Level ___ 10-pay ___ 5-pay ___)

Funding Source: Cash / Cash Equivalents ___ Qualified Funds ___ NQ Annuity ___ Income ___

Opportunity #2: Individual ___ or Couple ___ Resident State: _____

Client 1 - Name: _____ DOB: _____ Tobacco: Y__ N__

Client 2 - Name: _____ DOB: _____ Tobacco: Y__ N__

Payment / Funding Option: *(Check both if you'd prefer to be presented with multiple options)*

Single Premium ___ Annual Premium (If Annual Premium: ___ Lifetime Level ___ 10-pay ___ 5-pay ___)

Funding Source: Cash / Cash Equivalents ___ Qualified Funds ___ NQ Annuity ___ Income ___

Opportunity #3: Individual ___ or Couple ___ Resident State: _____

Client 1 - Name: _____ DOB: _____ Tobacco: Y__ N__

Client 2 - Name: _____ DOB: _____ Tobacco: Y__ N__

Payment / Funding Option: *(Check both if you'd prefer to be presented with multiple options)*

Single Premium ___ Annual Premium (If Annual Premium: ___ Lifetime Level ___ 10-pay ___ 5-pay ___)

Funding Source: Cash / Cash Equivalents ___ Qualified Funds ___ NQ Annuity ___ Income ___

Financial Representative Information

Representative Name: _____

Broker/Dealer Affiliation (if applicable): _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Please return this completed form to your local AIMCOR Member BGA. We will run an analysis based on the information provided and contact you to discuss potential options.