

EASY LIFE QUOTES AT YOUR FINGERTIPS!!

Great Plains Annuity Marketing

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E-Mail: dick@gpam.biz

AGENT INFORMATION	Agent Name: _____ Date: _____ Telephone: _____ Fax: _____ E-Mail: _____ Address: _____ City: _____ State: _____ Zip: _____
CLIENT INFORMATION	Client Name: _____ Date of Birth: _____ M ___ F ___ Smoker ___ Non ___ Spouse's Name: _____ Date of Birth: _____ M ___ F ___ Smoker ___ Non ___ Resident State _____ Client: Super Preferred ___ Preferred ___ Super Standard ___ Standard ___ Rated ___ Table ___ Spouse: Super Preferred ___ Preferred ___ Super Standard ___ Standard ___ Rated ___ Table ___ Medications (Dosage if available) and Medical Conditions _____ _____ _____
ILLUSTRATION INFORMATION	Product Type: Fixed UL ___ Indexed UL ___ Survivor UL ___ Term ___ Guarantee Period ___ years Survivor Term ___ Guarantee Period ___ years Whole Life ___ Survivor whole Life ___ Guaranteed Issue ___ Simplified Issue ___ Graded ___ Specified: \$ _____ Face or \$ _____ Premium Or Solve for: \$ _____ Face or \$ _____ Premium Cash Value of \$ _____ at Age _____ or year _____ Premium Mode: Annual ___ Semi-Annual ___ Quarterly ___ Monthly ___ Premium Payment Period: Continuous ___ Single Pay ___ Limited Pay for ___ years Solve for Income? Yes ___ No ___ Age to Start _____ Age to Stop _____ Specified Income \$ _____ or Maximum Income \$ _____ Will there be a 1035 Exchange? Yes ___ No ___ Surrender Value \$ _____ Current Death Benefit \$ _____ Option A _____ Option B _____ Change option at age _____ to option _____ Riders: Waiver of Premium _____ Child Rider Units _____ Spouse Rider Units _____ Term _____ Competitive Information: Company to compete with _____ Face \$ _____ Premium \$ _____ Cash at age 100 \$ _____ A+ Company Required? Yes ___ No ___ Guaranteed to Age 100 Required? Yes ___ No ___ Will this be part of an ILIT? Yes ___ No ___ Business Use? Key Man ___ Business Continuation ___ 412i ___ Pension ___ Buy/Sell ___