

# LIFE + LTC COMBINATION PROPOSAL REQUEST

DATE: \_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RETURN QUOTE BY:  EMAIL  FAX  MAIL  AGENT PICK UP NEEDED BY: \_\_\_/\_\_\_/\_\_\_

**RESET FORM**

## CLIENT INFORMATION:

NAME: \_\_\_\_\_  MALE  FEMALE STATE OF SALE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ TOBACCO STATUS: \_\_\_\_\_  MARRIED  SINGLE

HEALTH CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRESCRIPTION DRUGS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRODUCT INFORMATION:

SINGLE PREMIUM \$ \_\_\_\_\_ ANNUAL PREMIUM \$ \_\_\_\_\_

LIFE W/ LTC  ANNUITY W/ LTC

LTC PERIOD (YEARS)

2  3  4  5  6  7

LTC MONTHLY BENEFIT \$ \_\_\_\_\_

DEATH BENEFIT \$ \_\_\_\_\_

CARRIER DESIRED (optional)

LINCOLN MONEYGUARD  NATIONWIDE CAREMATTERS  STATE LIFE (ASSET & ANNUITY CARE)

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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