



MarketShare
Financial

"Sell It. Place It!"

Linked Benefit Quote

Agent Information

Agent Name: _____

Date: _____

Contact Person: _____

E-mail: _____

Date of Appointment: _____

Phone: (____) _____

Has this case been shopped by another carrier/GA in the past 12 months? _____

Are we in competition with another carrier(s)? _____

Client Information (to add more details use Additional Remarks section)

Client Name: _____ Male Female Date of Birth: _____ Age: _____

Smoker: Yes No

Marital Status: _____ Signing State: _____ State of Residence: _____

Is Client's Spouse Applying: Yes No

If spouse is applying, please provide the following information:

Spouse's Name: _____ Male Female Date of Birth: _____ Age: _____

Smoker Yes No

Policy Options

Hybrid Policy Type: _____

Premium Deposit: _____

Nursing Home Monthly Benefit: \$ _____

Premium: Qualified Non-Qualified 1035 Exchange: Yes No

Benefit Period: _____ Years

Inflation Protection Option: Yes No If yes, what inflation rate is desired? _____

Payment Period: Single Pay Flex Pay _____ # of years

Additional Remarks:

Please complete as much information as possible to facilitate the risk assessment and quote process.