



Request for Asset Based LTCI Proposal

Date: ___/___/___

Advisor Name: _____ State: _____

Need by: ___/___

Phone: (____)____-____ Fax: (____)____-____ Email: _____

Product Type:

Single Premium

Flexible Premium / Year Pay: _____
(MoneyGuard ONLY / FlexPay 2- 10 Pay)

Proposed: (CHOOSE ONE)

Lump Sum amount \$ _____

Annual premium (for Flex pay) \$ _____ (MoneyGuard ONLY / FlexPay 2- 10 Pay)

Monthly LTC Benefit amount \$ _____

Insured

2nd illustration (spouse, if applicable)

Name: _____

Is Insured Married? Yes No

Date of Birth/Age ___/___/___

___/___/___

Tobacco Use: Male Female
No Yes

Male Female
No Yes

If Yes: Type: _____ Frequency: _____

Type: _____ Frequency: _____

Have Prequalifying Questions been asked? Yes No

Yes No

Approx. Height/Weight ___' ___ lbs

___' ___ lbs

Any medical conditions or notes that may be pertinent to case:
