



ABLTC SOLUTIONS WORKSHEET

OPPORTUNITY #1	CHECK ONE: INDIVIDUAL ___ or COUPLE ___		
Client 1 – Name: _____	DOB: _____	Tobacco Y__ N__	
Client 2 – Name: _____	DOB: _____	Tobacco Y__ N__	
Payment / Funding Option: <i>(Check both if you'd prefer to be presented with multiple options)</i>			
Single Pay: ___	Level Pay (Annual): ___	<i>If level pay:</i> Lifetime: ___	10-pay ___ 5-pay ___
Funding Source:			
Cash / Cash Equivalent ___	Qualified Funds: ___	NQ Annuity: ___	Income: ___

OPPORTUNITY #2	CHECK ONE: INDIVIDUAL ___ or COUPLE ___		
Client 1 – Name: _____	DOB: _____	Tobacco Y__ N__	
Client 2 – Name: _____	DOB: _____	Tobacco Y__ N__	
Payment / Funding Option: <i>(Check both if you'd prefer to be presented with multiple options)</i>			
Single Pay: ___	Level Pay (Annual): ___	<i>If level pay:</i> Lifetime: ___	10-pay ___ 5-pay ___
Funding Source:			
Cash / Cash Equivalent ___	Qualified Funds: ___	NQ Annuity: ___	Income: ___

FINANCIAL PROFESSIONAL INFORMATION	
Representative Name: _____	
Broker Dealer / Financial Institution Affiliation <i>(if applicable)</i> : _____	
Primary Phone: _____	Secondary Phone: _____
Email Address: _____	

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

AIMCOR Group, LLC is not an insurer and does not issue contracts for coverage. This material is being provided for informational or educational purposes only and does not take into account the investment objectives or financial situation of any client or prospective clients. **The information is not intended as investment advice**

For Financial Professional Use Only. Not intended for consumers