# ASSET-BASED LTC WORKSHEET

## INDIVIDUAL PLANNING

| **OPPORTUNITY #1** | CHECK ONE: INDIVIDUAL_____ *or* COUPLE ____ | | |
|---|---|---|---|
| Client 1 – Name: ______________________________ | DOB: ____________ | Tobacco Y__N__ | |
| Client 2 – Name: ______________________________ | DOB: ____________ | Tobacco Y__N__ | |
| **Payment / Funding Option**: *(Check both if you'd prefer to be presented with multiple options)* | | | |
| Single Pay: _____ Level Pay (Annual):____ | *If level pay:* 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**: *(Check both if you'd prefer to be presented with multiple options)* | | | |
| Single Pay: _____ Level Pay (Annual):____ | *If level pay:* 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 *(if applicable)*: ______________________ | |
| Primary Phone: ______________________ | Secondary Phone: ______________________ |
| Email Address: ______________________________________ | |

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