



LIVING BENEFITS

ASSET-BASED LONG-TERM CARE WORKSHEET

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.

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