

# SECURE RETIREMENT ACCOUNT ANALYSIS REQUEST FORM

FULL NAME		SPOUSES NAME	
DATE OF BIRTH / /	SMOKER Yes <input type="checkbox"/> No <input type="checkbox"/>	DATE OF BIRTH / /	SMOKER Yes <input type="checkbox"/> No <input type="checkbox"/>
EMAIL		PHONE	BEST TIME TO CALL
ADDRESS	CITY	STATE	ZIP CODE

## Medical:

1. Within the past five years have either of you been confined to a hospital, clinic, or medical facility? Yes  No  Details of confinement: \_\_\_\_\_

2. Have either of you been advised by a physician that you have: (Check all that apply)

- Hypertension     Cancer     Heart Disease     Respiratory Disease  
 Sleep Apnea     Kidney Disorder     Diabetes     Stroke

## Financial:

1. Qualified Accounts (IRA, 401K, etc): \$ \_\_\_\_\_
2. Combined Annual Income: \$ \_\_\_\_\_
3. Combined Net Worth: \$ \_\_\_\_\_

## Illustrate:

Yes, David and Todd, I am interested in finding out how I can quickly move "at risk" money into a Secure Retirement Account as recommended by Dr. Mark Skousen:

1. Please send me the information regarding the following option(s):

Option 1 - Today's Top Indexed Annuity - Please send me all pertinent information and an example of transferring: \_\_\_\_\_  
(Amount of deposit)

Option 2 - Today's Top Family Bank/Indexed Universal Life with a Premium Deposit Account (PDA) - Please send me all pertinent information and prepare an example based on a deposit of: \_\_\_\_\_  
(Amount of deposit)

2. Your Secure Retirement Account Funding Source? Check all that apply:

- IRA     401k     Cash Transfer  
 IRA/RMD     Annuity     Other \_\_\_\_\_

3. Would you like us to include a Long Term Care Rider in your illustration? Yes  No

