

Income protection

Client profile

Name:	Agent cod	Agent code:	
Email:	MGA:		
Life insurance for income protection is a concept uprotection for your clients. Essentially, anyone who earner can benefit from this approach. Income protyet have dependents, since they'll likely qualify for	ising either term or permanent l provides for loved ones, wheth tection is also appropriate for ye	ife insurance to offer death l ner a wage-earner or non-wag oung working individuals who	penefit ge-
Help your clients protect their family's	future	A 100	
If your clients are concerned about any of the forshould the unthinkable happen • Managing everyday expenses • Paying off debts • Paying off mortgage • Funding retirement goals • Realizing educational goals • Purchasing services that can no longer be fulfilled within the household	ollowing		
Help guarantee your clients' lifestyle with inco	me protection life insurance.		
List the names of five clients who fit the above p needs and financial goals.	•	e to help meet their life ins	urance
•	profile and whom you would lik	te to help meet their life ins Gender: Tobacco:Y/N	urance State:
needs and financial goals.	profile and whom you would lik	Gender: Tobacco:Y/N	
needs and financial goals. Client name: Death benefit amount:	orofile and whom you would lik Age: Retirement age:	Gender: Tobacco:Y/N	
needs and financial goals. Client name:	Age: Age:	Gender: Tobacco:Y/N Gender: Tobacco:Y/N	State:
needs and financial goals. Client name: Death benefit amount: Client name: Death benefit amount:	Age: Retirement age: Age: Retirement age:	Gender: Tobacco:Y/N Gender: Tobacco:Y/N	State:
needs and financial goals. Client name: Death benefit amount: Client name:	Age: Retirement age: Age: Age: Age: Age: Retirement age:	Gender: Tobacco:Y/N Gender: Tobacco:Y/N	State:
needs and financial goals. Client name: Death benefit amount: Client name: Death benefit amount: Client name:	Retirement age: Retirement age: Age: Age: Age: Age: Retirement age: Retirement age: Age: Retirement age:	Gender: Tobacco:Y/N Gender: Tobacco:Y/N Gender: Tobacco:Y/N	State:

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_____ Retirement age:_

Client name:

Death benefit amount: _

State:

Age:_____ Gender: Tobacco:Y/N