MARKETING ★ FINANCIAL

Maximum Efficient Contract (MEC)
Life Insurance Proposal Request

Today's Date	
Client Name	
Client Information	☐ Male ☐ Female DOB: _____ State: _____ UW Class: ☐ Pref Non-Smoker ☐ Std Non-Smoker ☐ Smoker ☐ Sub Rating (Tbl rating): ___
Death Benefit	Solve for **minimum death benefit** required to maximize cash value.
Premiums/ Contributions	☐ Contribute $ _____ from year ____ to ____ _____ Sources to fund the above contributions are as follows: ☐ Unmatched Qualified Plan contributions = $ _____ yr ____ to ____ ☐ Restructured liability "cash flow impact" = $ _____ per year ☐ Repositioned taxable account funds = $ _____ yr ____ to ____ ☐ Additional planned savings = $ _____ yr ____ to ____ ☐ Other: _____ ☐ 1035 $ _____ in year 1 - Source: _____
Withdrawals	☐ Withdraw income from age ____ to ____
Products to Quote	☐ Indexed UL ☐ Whole Life ☐ VUL
Illustration Assumptions/ Special Instructions	

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Life Insurance Proposal Request Form

Today's Date	
Client Name	
Client Information	☐ Male ☐ Female DOB: _____ State: _____ UW Class: ☐ Preferred Non-Smoker ☐ Std Non-Smoker ☐ Smoker ☐ Sub Rating (Tbl Rating) ____
Death Benefit	☐ Specified Amount _____ ☐ Solve for minimum death benefit to maximize cash value ☐ Solve for maximum death benefit based on premium
Death Benefit Option	☐ Option A - Level ☐ Option B - Increasing
Premiums	☐ Contribute specified premium $_____ from year _____ to _____ ☐ Solve for target premium ☐ Solve for maximum non-MEC premium ☐ Solve for minimum premium ☐ 1035 $ _____ in year 1 - Source: _____
Withdrawals	☐ Withdraw income from age _____ to _____ ☐ Withdraw maximum income ☐ Withdraw specified income amount $ _____
Products	☐ Universal Life ☐ Indexed Universal Life ☐ Whole Life ☐ Variable Universal Life (VUL) ☐ Survivorship Universal Life (SUL)
Illustration Assumptions/ Special Instructions	

Please email all quote requests to:
Stacey@marketingfinancial.com
or call 800-677-1087

MARKETING ★ FINANCIAL

Annuity Proposal Request Form

Today's Date	
Client Name	
Client Information	☐ Male ☐ Female DOB: _____ State: _____
Annuity Purpose	☐ Client needs immediate income ☐ Client will defer taking income _____ years ☐ Client does not anticipate ever taking income
Tax Status	☐ Qualified ☐ Non-Qualified
Premiums	☐ Contribute specified premium $_____ from year _____ to _____ ☐ Specified single premium $_____ ☐ Rollover/Transfer anticipated premium $_____
Payout Options	☐ Life income only ☐ Life with period certain _____ ☐ Period certain only _____ ☐ Installment refund _____
Products	☐ Fixed Annuity ☐ Fixed Indexed Annuity ☐ SPIA - Single Premium Immediate Annuity

Product Design	☐ Individual Annuitant
	☐ Joint Annuitants - Reduced payments requested _____
	    ☐ A. No reduction ever
	    ☐ B. On primary annuitant's death
	    ☐ C. On either annuitant's death
	    ☐ D. Percent of Reduction _____

Illustration Assumptions/ Special Instructions	

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