



Income Layering Strategy Form

Date of Application* __/__/__

Agent's Information*	Name* _____ State* _____
Contact Information*	Phone or Email* _____

Client Profile*	Name _____ State* _____ Sex* Male ___ Female ___ DOB* __/__/__ or Age* ____
Joint/Spousal Profile (If applicable)	Name _____ State* _____ Sex* Male ___ Female ___ DOB* __/__/__ or Age* ____
Amount of Premium*	\$ _____ Tax Status*: Qualified IRA ___ Qualified Other ___ Non Qualified ___

Target age to receive a partial income benefit amount*	Age _____
Target age to receive the full income benefit amount*	Age _____

Does the Client have a pension, or any other sources of income, that they would like listed in this report?	Yes ___ No ___ Annual Income Amount \$ _____ Account Details _____
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What is the Client's estimated annual Social Security benefit amount?	\$ _____
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For assistance, please call Marketing Financial at 1-800-677-1087

Please email completed forms to:
annuity@marketingfinancial.com
 or fax to:
 (417) 831-1087