

Qualified Distribution Strategy Fact Finder

Owner: _____ DOB _____ Standard Preferred Other
Spouse: _____ DOB _____ Standard Preferred Other
Child: _____ DOB _____ Standard Preferred Other
Child: _____ DOB _____ Standard Preferred Other
Child: _____ DOB _____ Standard Preferred Other

Rank in Order of Priority (1-4: 1 Being the Highest Priority):

Tax Savings

Legacy

Retirement Income

Living Benefits

Qualified Accounts Value: _____ [Exclude Roth IRAs & Inherited IRAs]

Non-Qualified Asset Value: _____

Is the client subject to estate taxes? Yes No

Name of Business: _____

State in Which Business is Located: _____

Existing Qualified Plan: Yes Indicate type: _____

No

NOTES:

REP NAME: _____

PHONE: _____

EMAIL: _____