INSURANCE PRODUCER FEE DISCLOSURE

Retail Producer: Name Insurance Agency Street Address City, State, Zip Retail Producer: Name Insurance Agency Street Address City, State Zip (Area Code) Telephone Number License No. Firm No. Services To Be Provided: Financial Planning and research and recommendation on health care, disability, long-term care and life insurance coverage. Completion of forms for medical savings account. Date Work Is To Be Completed By: Fee Schedule: Financial Plan Research and Recommend Coverage Total Fee(s) Negotiated: Yes No Type of Other Fee(s) Received (Optional): Life Commissions Disability Commissions Long-Term Care Commissions S Long-Term Care Commissions S Cualifications - Occupational/ Educational Background (Optional): Twenty-five years as a licensed agent in all lines of insurance. Securities licensed in 1986. Designated as Certified Financial Planner 1990. Twelve years' experience in financial planning, college education in accounting and economics. Other designations include CLU and FLMI. CLIENT ATTESTATION: By signing below, I acknowledge that I have reviewed the information provided in this disclosure and have received a copy of this form. Client Signature Date Date Date Date	Date:			
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Long-Term Care Commissions S	Type of Other Fee(s) Received (Optional):		Life Commissions	\$
Qualifications - Occupational/ Educational Background (Optional): Twenty-five years as a licensed agent in all lines of insurance. Securities licensed in 1986. Designated as Certified Financial Planner 1990. Twelve years' experience in financial planning, college education in accounting and economics. Other designations include CLU and FLMI. CLIENT ATTESTATION: By signing below, I acknowledge that I have reviewed the information provided in this disclosure and have received a copy of this form. Client Signature Date I attest that I have disclosed all relevant facts concerning services to be provided and the fees, charges or commissions that will be charged or received for providing the services described.			Disability Commissions	\$
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	I attest that I have disclosed all			rges or commissions
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