

# REQUIRED SALE OUTSIDE OF ALIGNED CARRIERS

Please submit this fully complete document to your Business Support Manager

## APPOINTMENT INFORMATION

Name of Advisor: \_\_\_\_\_

MGA of Advisor: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Initial appointment date (mm/dd/yy): \_\_\_\_\_

Initial appointment start time: \_\_\_\_\_

Lead ID of Appointment: \_\_\_\_\_

## PRODUCT INFORMATION

Did You Perform an FNA for your Client?  Yes  No

What Company did you write the Policy with? \_\_\_\_\_

What Product was written? \_\_\_\_\_

What was the reason you chose this product? \_\_\_\_\_

Does Canada Life, ivari, RBC Life or SLi offer a similar product?  Yes  No

IF NO,

Please explain which features the aligned carriers do not offer:

\_\_\_\_\_  
\_\_\_\_\_

Please attach an illustration of a product that you sold

IF YES

What is the Monthly cost of the written policy?

\$ \_\_\_\_\_

What are the Monthly Costs of similar policies from Canada Life, ivari, RBC Life or SLi?

\$ \_\_\_\_\_

Please provide copies of illustrations used for the above calculations.

## PLEASE ATTACH THE FOLLOWING DOCUMENTS

- A copy of the FNA that you completed with the client.
- A copy of the illustration you wrote, and
- A copy of the illustrations for the aligned product which most closely resembles the product you sold. (If Applicable)