LET'S TALK FINANCIAL WELLNESS®

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Let's Talk Financial Wellness® newsletter is produced bimonthly for your customers or prospects, and it's available in five versions:

1. **Standard Financial Topics**
2. **Retirement Planning**
3. **Small Business Needs**
4. **Legacy / Insurance Planning**
5. **High Net Worth**

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☐ Financial Professional Associate
☐ DBA: ____________________
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Firm/Region: ____________________

Company/Office Information: ____________________

Address: ____________________

City: __________ State: ______ Zip Code: ______

Business Phone: __________ Toll-free: __________

Fax: __________ Mobile: __________

Email:* __________ Website:* __________

Contact Information/Financial Professional 2

Name (Your name, not agency): ____________________

Designation: ____________________

License # (AR or CA only): ____________________

Title: (Choose one)
☐ Financial Planner ☐ Financial Advisor
☐ Financial Professional ☐ Advisor/Planner
☐ Financial Professional Associate
☐ DBA: ____________________
☐ DBA/Financial Planner: ____________________
☐ DBA/Financial Advisor: ____________________

Firm/Region: ____________________

Company/Office Information: ____________________

Address: ____________________

City: __________ State: ______ Zip Code: ______

Business Phone: __________ Toll-free: __________

Fax: __________ Mobile: __________

Email:* __________ Website:* __________

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3. Name (Your name, not agency): ____________________

Designation: ____________________

License # (AR or CA only): ____________________

Title: (Choose one)
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☐ Advisor/Planner ☐ Financial Professional Associate
☐ Marketing Assistant ☐ DBA: ____________________

4. Name (Your name, not agency): ____________________

Designation: ____________________

License # (AR or CA only): ____________________

Title: (Choose one)
☐ Financial Planner ☐ Financial Advisor ☐ Financial Professional
☐ Advisor/Planner ☐ Financial Professional Associate
☐ Marketing Assistant ☐ DBA: ____________________

5. Name (Your name, not agency): ____________________

Designation: ____________________

License # (AR or CA only): ____________________

Title: (Choose one)
☐ Financial Planner ☐ Financial Advisor ☐ Financial Professional
☐ Advisor/Planner ☐ Financial Professional Associate
☐ Marketing Assistant ☐ DBA: ____________________

Company/Office Information:

Firm/Region: ____________________

Company/Office Information: ____________________

Address: ____________________

City: __________ State: ______ Zip Code: ______

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