

# ILLUSTRATION AND UPLOAD REQUEST FORM

Upon completion and submission of the form below, Asset Marketing Systems will upload your presentation to your Planning Compass account.

Carrier:

Client Name:

Client Sex:

Male

Female

Client DOB:

State of Issue:

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Premium Mode:

Pay Premium to age: (enter age)

When to show tax free income: (Enter Age)

Premium Amount: \$

Health Class:

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\*Please Note - The following Inputs are dynamic and can change once you launch the case in the planning compass.

Current tax bracket:

Expected Retirement Tax Bracket:

Starting Balance in 401k (If any):

Annual employer match (if any please convert to dollar amount not a percentage):

401k Annual Fee:

401k expected gross average return:

**Submit the completed form by:**

Fax: **858-207-1793** or e-mail: **life@assetmarketingsystems.com**