

Advisor Profile

Please complete the following information and return it with any necessary attachments to:
SPG Network, LLC, 935 East Main Street, Suite 205, Mesa, AZ 85203
Email ebiz@spgnetwork.com Local (480) 615-1500 Toll-free (877) 679-5200 Fax (480) 461-9112

Name: _____

Business Name: _____

Business Address: _____

Bus. Phone: _____

Mobile Phone : _____

Fax: _____

E-mail: _____

Date of Birth: _____

SS/Tax ID#: _____

What is your financial background/experience? _____

What professional licenses (current) do you hold? _____

What professional designations do you have? _____

How long have you been in the estate/financial planning business? _____

Please describe your business: _____ Sole Proprietor _____ General Partnership _____ Corporation
_____ Partnership _____ Limited Liability Corporation

Are you licensed to sell insurance products in the state of Arizona? Yes _____ No _____

Do you own an agency? _____ Yes _____ No If yes, how many agents do you employ? _____

NASD Registrations: _____ Broker/Dealer: _____

In gross commissions, what was your approximate production last year?
_____ \$0 - \$50,000 _____ \$50,001 - \$100,000 _____ \$100,001 - \$250,000 _____ \$250,001 +

Primary market/business specialty: _____ Average age of client: _____

Primary insurance companies with which you place life & annuity business: _____

In what ways do you feel the concepts of Simplified Planned Giving will help you better serve your clients? _____