



Welcome To Trumark





Thank you for your interest in Trumark Wholesale Insurance Services. We at Trumark base our success on the excellent value added service we provide. We look forward to working with you and hope that we have the opportunity to enhance your practice.

## Our Mission

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To help advisors and their high net-worth clients accumulate, protect, and efficiently transfer wealth through:

Strategy

Products

Advocacy

### The Trumark Difference

With a dedication to service and relationships, it's our people who make us unique. Discover how the Trumark culture will enhance your practice.

### Partnering with Trumark

Covering all of your insurance needs in one place, Trumark enables you to focus on your true strength – the relationship with your clients.





Trumark provides Financial Advisors, Accountants, Attorneys, Insurance Brokers, and Trust Officers expertise in risk management paralleling the professionalism which these valued advisors provide for their clients in the development and execution of comprehensive financial strategies. Our objective is to become an extension of the professional's practice so they can provide clients with a complete wealth management solution while remaining focused on their core professional competencies.

## Our Expertise

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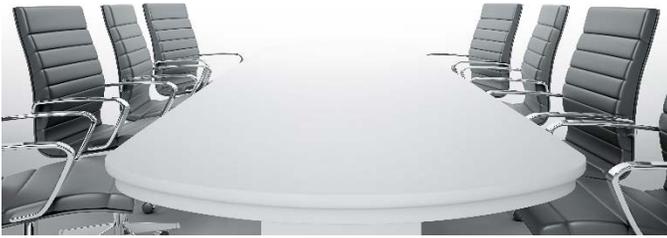
Trumark provides expertise in disciplines such as:

- Estate and Trust Planning
- Policy Review and Performance Analysis
- Portfolio Diversification—Insurance as an Asset Class
- Private and Commercial Premium Financing
- Split Dollar Plans
- Executive Benefit Planning
- Charitable Planning
- Long Term Care Insurance Planning

Knowing that every client's goals and objectives are different, Trumark offers a differentiated experience that is strategy and product neutral and is focused on aggressive client advocacy in order to achieve a "best in market" insurance solution. Our management team has an extensive background in the insurance industry as well as experience in the tax and legal department of a "Big4" accounting firm and a in a major law firm.

### Advanced Underwriting & Case Management

Trumark has an unmatched team of advanced underwriters with decades of experience acting as client advocates and providing expertise in the art of presenting an underwriting file in the most favorable light in order to obtain the "best of class" life insurance portfolio. By "pre-underwriting" the case of a valued client, Trumark can with an extremely high degree of accuracy provide guidance as to "what the market will say" if and when a client chooses to apply for coverage. By aligning our Insurance Medical Specialists on the "client's side of the table", we are able to make the strongest case for the best market pricing possible, and all this work is done before the market even knows the name of the client seeking coverage. These processes make the delivery of insurance solutions much more effective and "painless" for the client.



Trumark offers an array of products and carriers to ensure your client is placed with the most appropriate product that suites their needs.

## Our Products & Carriers

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### Products

Term Life Insurance

Whole Life Insurance

Universal Life Insurance

Long Term Care

Linked Benefit Products – Chronic Illness & LTC

Annuities

Disability

### Carriers

American General

Aviva

AXA Equitable

Cincinnati life

Genworth Financial

ING

John Hancock

Legal & General (Banner)

Lincoln Financial

MetLife

New York Life

Nationwide

One America

Pacific Life

Principal

Protective Life

Prudential Financial

SBLI

Symetra

Transamerica

United of Omaha





Please take a few minutes and visit our website. Here is where you'll have access to Trumark's visually appealing and content rich resources that we have made available online to assist our agents.

## Get Connected

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Get started now and begin exploring the innovative resources Trumark has made available.

Just go to [www.trumarkfinancial.com](http://www.trumarkfinancial.com), or email Lance Taylor the information below to [ltaylor@trumarkfinancial.com](mailto:ltaylor@trumarkfinancial.com) to have an account created for you.

First Name:

Last Name:

Username:

Password:



Our goal is to build long-term Relationships with our producers and become a critical back-office and advanced marketing extension of their business.

Below are frequently asked questions on how to begin writing business with Trumark.

## Frequently Asked Questions

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### How do I run a quote?

Term quotes can be run on our website. All you need to do is register for access. Other quotes such as permanent life insurance, long term care, and disability, must be requested. Please contact our sales desk at 800-648-5278 for assistance.

### Does the agent need to be licensed in the state of solicitation?

Yes, the agent must be licensed in the state where the application is signed. In addition, if you sell an LTC policy outside of California, you must complete that state's CE in order to complete the sale. Agent's that are only licensed in California are only licensed to sell LTC in California. For annuities, the state's CE and the company's training must be completed. For specific questions, please contact our licensing department at 925-648-5210, or [lkoski@trumarkfinancial.com](mailto:lkoski@trumarkfinancial.com)

### Do I need to send in original copies when submitting forms to the carrier applied with?

The only original form the life insurance carrier requires is the signed 1035 Exchange Form. Annuity business requires the original application to be submitted. And some LTC business requires the original application. Otherwise, copies of the original will be sufficient.

### Who do I send in new business applications to?

New business applications can be mailed, faxed, or emailed to the attention of "New Business." If you fax or email the application, we ask that you please keep the original application for your records. If you plan on faxing the application or any delivery requirements, please use our Trumark cover page. New Business can be reached at [newbusiness@trumarkfinancial.com](mailto:newbusiness@trumarkfinancial.com), or by fax at 925-648-4747.



Toll free: (800) 648-5278 | Local: (925) 648-4700 |

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## Advance Marketing

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## Sales Support & Illustrations

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Gina Burns	Ext. 247	<a href="mailto:gburns@trumarkfinancial.com">gburns@trumarkfinancial.com</a>
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## Licensing

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Liz Koski	Ext. 235	<a href="mailto:lkoski@trumarkfinancial.com">lkoski@trumarkfinancial.com</a>
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Welcome to Trumark! We look forward to helping your business grow and want to be there for your every need. Enclosed you will find valuable information to help your experience with Trumark a successful one.

Each document contained in this Welcome Kit is explained below, along with suggestions on how to use each piece.

## Document Description and Suggestions for Use

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### Trumark Advisor Profile

Complete this form to jumpstart the licensing process with a new business application.

### Risk Assessment Audit Form

Life insurance may well be one of the most important assets within an estate – whether it is owned by an individual, a business, or part of overall estate planning. Life insurance is often an asset that is generally not evaluated, reviewed, or appraised on a consistent and comprehensive basis. We believe some life insurance policies can be improved upon once a thorough, detailed, and unbiased analysis has taken place. Completing this form allows Trumark to obtain information on a client's current in-force policy.

### Life Insurance Quick Estimator

This worksheet provides a quick and simple method to estimate the amount of life insurance your clients will need.

### Trumark Cover Sheet

Using this cover sheet allows Trumark to quickly submit the application to begin being processed by the carrier applied with.



# Trumark Advisor Profile

## Personal Information

Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Street: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Trumark Website Access Desired username: \_\_\_\_\_ Password: \_\_\_\_\_

## Appointment & Contracting

Type of Appointment:  Individual  Corporation/Agency

What Type of Products do You Want to Sell?  Life  Variable Life  Disability  Long Term Care  Annuities

### If Requesting Variable, Please Provide:

Agent's Broker Dealer name \_\_\_\_\_ Agent's CRD# \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_

## Errors and Omissions Insurance (E&O) coverage Attestation (Required)

I am currently covered under professional liability insurance (referred to as Errors & Omissions coverage) with (E&O Carrier Name)

Yes  No If Yes, which company? \_\_\_\_\_

## Licensing

List states in which you wish to be appointed: \_\_\_\_\_

FINRA License  Yes  No CRD # \_\_\_\_\_ Broker/Dealer \_\_\_\_\_ Tax ID: \_\_\_\_\_

Please read and answer each question. For questions answered "Yes," please provide dates and attach a written explanation.

1. Are you now or have you ever been the subject of any complaint, investigation, or proceeding by any Insurance Department, the SEC, or any federal or state regulatory agency?  Yes  No
2. Have you ever been convicted of or pleaded guilty or nolo contendere to a felony or misdemeanor other than a traffic offense?  Yes  No
3. Are you currently, or have you ever been involved in bankruptcy (personal or any business in which you had control or an ownership interest), pending litigations in which you are a defendant, had a salary garnished or had liens or judgments against you?  Yes  No
4. Are you currently, or have you ever been the subject of any customer complaint or complaint or proceeding by any securities, insurance or commodities regulatory body or organization?  Yes  No
5. Have you ever had your contract, appointment or employment arrangement terminated or have you been permitted to resign from any insurance company or other financial services employer for any reason other than low production?  Yes  No



### Risk Assessment Audit

**To Whom it May Concern:**

Please accept this letter as authorization for the individual(s) named below to be provided with pertinent information for the below referenced policy(ies). This information may include copies of my most recent statements/policy values as well as in-force ledgers as needed to analyze my policy.

Insured #1: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Insured #2: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Policy #1 applies to:  Insured #1  Insured #2

- Insurance Company: \_\_\_\_\_  Owner is the Insured
- Policy Number: \_\_\_\_\_ Owner's SSN or Tax ID: \_\_\_\_\_
- Owner/Trustee: \_\_\_\_\_ Owner's DOB or Trust Date (if applicable): \_\_\_\_\_

Policy Owner's Address: \_\_\_\_\_

Policy #2 applies to:  Insured #1  Insured #2

- Insurance Company: \_\_\_\_\_  Owner is the Insured
- Policy Number: \_\_\_\_\_ Owner's SSN or Tax ID: \_\_\_\_\_
- Owner/Trustee: \_\_\_\_\_ Owner's DOB or Trust Date (if applicable): \_\_\_\_\_

Policy Owner's Address: \_\_\_\_\_

**Authorization:**

I authorize Trumark, to obtain information, including any statements and in-force ledgers needed, to provide me with a review of the above referenced policy.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Insured #1 Signature of Insured #2

\_\_\_\_\_  
 Printed Name of Insured #1 Printed Name of Insured #2

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Owner/Trustee #1 (if different than insured) Signature of Owner/Trustee #2 (if different than insured)

\_\_\_\_\_  
 Printed Name of Owner #1 Printed Name of Owner #2

4185 Blackhawk Plaza Circle, Suite 102 • Danville, CA 94506  
 Local: (925) 648-4700 • Toll Free: (800) 648-5278 • Fax: (925) 648-4747

# Life Insurance Quick Estimator

Client Name

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This worksheet provides a quick and simple method to estimate the amount of life insurance you will need.

## INCOME

**1. Annual before tax income your family would need if you died today**

Typically between 60% and 80% of total income. Include all salaries  
Dividends, interest, and any other sources of income.

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

**2. Annual income available to your family from other sources**

Include dividends, interest, and spouse's earnings. (Social Security may be available)

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

**3. Annual income to be replaced** (Subtract line 2 from line 1)

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

**4. Capital needed for income**

Multiple line 3 by the appropriate factor below:

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

Years Income Needed	10	15	20	25	30	35	40	45	50
Factor <sup>1</sup>	8.8	12.4	15.4	18.1	20.4	22.4	24.1	25.6	26.9

## EXPENSES

**5. Funeral<sup>2</sup> and other final expenses**

Typically the greater of \$15,000 or 4% of your estate

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

**6. Mortgage and other outstanding debts**

Include mortgage balance, credit card debt, car loans, home equity loans, etc.

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

**7. College costs<sup>3</sup>**

2011-2012 average annual costs at four-year colleges and universities:

Public - \$21,447 (in-state), \$33,937 (out-of-state); private - \$42,224

	Annual Amount	X	Number of Years in College =	Total Cost (\$)
Child 1		X		
Child 2		X		
Child 3		X		
Child 4		X		
Child 5		X		
<i>Total capital needed for college</i>				

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

**8. Total capital required (Add lines 4, 5, 6, and 7)**

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

## ASSETS

**9. Savings and investments**

Bank accounts, CDs, stocks, bonds, mutual funds, real estate/rental property, etc.

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

**10. Retirement savings**

IRAs, 401(k) plans, SEPs, pension, and profit-sharing plans

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

**11. Present amount of life insurance**

Include group insurance and personal insurance purchased on your own.

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

**12. Total of all assets (Add lines 9, 10, and 11)**

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

**13. Estimated amount of additional life insurance needed** (Subtract line 12 from line 8)

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

<sup>1</sup> Inflation is assumed to be 3%. The rate of return on investments is assumed to be 6%.

<sup>2</sup> Nationally, many funerals cost well over \$10,000 – Federal Trade Commission, retrieved on October 4, 2010, from <http://www.ftc.gov/bcp/edu/pubs/consumer/products/pro19.shtm>.

<sup>3</sup> Source: The College Board, Trends in College Pricing 2011. Costs include tuition, room, board, books and supplies, transportation and other expenses for a resident. The College Costs numbers are the 2011-2012 national average for a four-year college or university.

Date \_\_\_\_\_



## Application Cover Sheet

<b>Agents Name:</b>	
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<b>Client's Name:</b>	
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Application is signed, dated, and completely filled out.

A check in the amount of \$ \_\_\_\_\_ is included.

1035/transfer paperwork is included (if applicable)

Replacement form for your state is included (if applicable).

A signed/ unsigned illustration is provided, or copy of any rates used with the customer with each life application.

Premium quoted: \$ \_\_\_\_\_ Face amount: \$ \_\_\_\_\_

Rate class applied for:    Super Preferred    Preferred    Standard Plus    Standard  
                                 Preferred Smoker    Standard Smoker    Flat Extra/Table Rating: \_\_\_\_\_

Please verify that you are actively contracted/appointed with Trumark with the insurance company the attached application(s) reflects. If you are not, additional paperwork will be sent to you. Please provide email address: \_\_\_\_\_

Did you order the Paramedical Exam?    Yes    No

If so, please provide service used, date and time the exam is scheduled for. \_\_\_\_\_

I would like Trumark to order all exam requirements.    Yes    No

Have you previously discussed this application with Trumark?    Yes    No

If yes, with whom? \_\_\_\_\_

Special Instructions