

For Office Use Only:

Job#: _____

Date: _____

Mail List Order Form

Counts are usually received within 24 hours

IMPORTANT: *Completed forms must be received 35 business days before the first scheduled day of the workshop.*

Agent Information:		Please Print	
Name: _____	Company: _____		
Address: _____	City: _____	State: _____	Zip: _____
Business #: _____	Fax #: _____		
E-mail: _____	Contact: _____		

<p>STEP 1: LIST RESEARCH Please check the desired age & income criteria for your zip code count.</p> <table border="1"> <tr> <td style="text-align: center;">AGE</td> <td> <input type="checkbox"/> 35-40 or 35+ <input type="checkbox"/> 45-54 or 45+ <input type="checkbox"/> 55-64 or 55+ <input type="checkbox"/> 65-74 or 65+ </td> </tr> <tr> <td style="text-align: center;">HOUSEHOLD INCOME</td> <td> <input type="checkbox"/> \$30K-39,999 or \$30K+ <input type="checkbox"/> \$40K-49,999 or \$40K+ <input type="checkbox"/> \$50K-74,999 or \$50K+ <input type="checkbox"/> \$75K-99,999 or \$75K+ <input type="checkbox"/> \$100K-124,999 or \$100K+ <input type="checkbox"/> \$125K+ <input type="checkbox"/> \$150K+ </td> </tr> </table>	AGE	<input type="checkbox"/> 35-40 or 35+ <input type="checkbox"/> 45-54 or 45+ <input type="checkbox"/> 55-64 or 55+ <input type="checkbox"/> 65-74 or 65+	HOUSEHOLD INCOME	<input type="checkbox"/> \$30K-39,999 or \$30K+ <input type="checkbox"/> \$40K-49,999 or \$40K+ <input type="checkbox"/> \$50K-74,999 or \$50K+ <input type="checkbox"/> \$75K-99,999 or \$75K+ <input type="checkbox"/> \$100K-124,999 or \$100K+ <input type="checkbox"/> \$125K+ <input type="checkbox"/> \$150K+	<p>STEP 2: Please provide at least 5 zip codes in zip columns</p> <table border="1"> <thead> <tr> <th>ZIP</th> <th>COUNT</th> <th>ZIP</th> <th>COUNT</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>When both Step 1 and Step 2 are completed please fax this form to (360) 405-1069. We will then retrieve the counts for your requested zip code locations and fax that information back to you.</p>	ZIP	COUNT	ZIP	COUNT	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>STEP 3: FINAL ORDER LIST</p> <p>Cost: .08 cents per name</p> <p>Please review the counts from section 2. When you have made your final zip code decisions and are ready to purchase your mailing list, please fill out Step 3 and fax this completed form along with your completed payment information form back to us. Again, completed forms must be received in our office 35 business days before the first scheduled day of your workshop.</p>	<p>ZIP CODES - Place you final order here</p> <table border="1"> <thead> <tr> <th>ZIP</th> <th>COUNT</th> <th>ZIP</th> <th>COUNT</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	ZIP	COUNT	ZIP	COUNT	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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IMPORTANT NOTE: (READ CAREFULLY) NBA is **NOT** responsible for cross-over mailings between outside planners. As a representative of my company, we agree to not duplicate in any way or form the Surviving Retirement Workshop Mailing Program, concept or any of its components protected under intellectual property of NBA ©2002. We **CANNOT** check other zips being mailed. All major national lists are compiled by census tracts and other variables that make up a formula. Lists are **NOT** 100% accurate because all information and demographics are inferred. Deliverability and accuracy can be anywhere in the 95% to 97% ratio. Lists rarely encompass 100% of the population of the zip codes.

Your final order will be processed only upon receipt of payment information and this **SIGNED** form.

Read & Sign: _____

National Benefit Advisory, Inc.
(360) 373-6162 - (888) 622-0171 - Fax (360) 405-1069

Price Listings

Effective December 01, 2003

Mailer Invitations:

Note: Mailing List, Postage, Printing, and Envelopes are included in the listed costs.	
Invitation Style	1,000 Quantity Base Rate
Invitation Letter 8.5 x 11 " #10 Business Size, White Envelope Surviving Retirement or Retirement Needs Workshop "	.57 each
Special Invitation 5.5 x 8.5 " White Invitation Envelope	.57 each
Post Card 5.5 x 8.5 "	.47 each

Booklets:

Note: With first time orders of either booklet, Agent will need to supply a photograph, short biography, and a short personal story.	
Booklet Titles	Minimum order of 50
True Facts About Annuities	\$1.50 each
Mutual Fund Advice In Uncertain Times	\$1.50 each

Workshop Kits:

Optional: If you would like your business card in the workshop kits, please supply enough to fill the ordered amount.	
Workshop Kits (Client Packets)	Minimum order of 25
Surviving Retirement Kit -Agent will need to supply: * information for a page entitled About <u>Agents Name</u> " * 3-5 days that will be scheduled as optional appointment days on the Evaluation Sheet.	\$1.50 each
Retirement Needs Workshop Kit (ILSA) -Agent will need to supply: * information for a page entitled About <u>Agents Name</u> " * 3-5 days that will be scheduled as optional appointment days on the Evaluation Sheet.	\$1.50 each

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Phone Service:

Note: When doing a workshop with National Benefit, we DO require that you use our capture line	
National Benefit Capture Line Service -National Benefit Advisory will: -Retrieve reservations from the capture line. -Confirm reservations the day before the workshop and supply the agent with an attendee list.	\$1.50 / person on the <u>confirmed</u> attendee list.

Telemarketing:

Note: Telemarketing can only be ordered in increments of 10 hours. Each hour is a cost of \$30.00. The cold calls will be made using the zip code mailing list ordered for the workshop area.	
10 hours	\$300.00
20 hours	\$600.00
30 hours	\$900.00

Equipment:

Note: Limited equipment is available. If you would like to rent equipment please schedule early in advance. The equipment will need to be picked up the day before the workshop, and dropped of the day after.	
Laptop	\$75.00 per workshop
Projector	\$175.00 per workshop

Note: A projector screen or blank white wall will be needed for the workshop presentation. You will want to be sure that your location furnishes either of these. If it does not, you will need to provide your own projector screen. If you would like assistance in the rental of a projector screen please contact Erika at the number listed below.

For Office Use Only:

Job#: _____

Date: _____

Payment Information

Payment information required.

**FULL PAYMENT MUST BE SUBMITTED WITH
FINAL MAIL LIST ORDER**

Name: _____ Company: _____

Phone: _____ Fax: _____

Please check the box below of the items you wish to order.

Check Here	Item	Quantity	New	Reorder
<input type="checkbox"/>	True Facts About Annuities	_____ (min 50)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mutual Fund Advice In Uncertain Times	_____ (min 50)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surviving Retirement Kit	_____ (min 25)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Retirement Needs Workshop Kit	_____ (min 25)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	_____ (min 25)	<input type="checkbox"/>	<input type="checkbox"/>

Please Select the Mailer Type: (Qty will be based on number of names per zip code requested.)

Letter Invitation Special Invitation Post Card

Telemarketing: 10 hours 20 hours 30 hours

Equipment: Laptop Projector

Please check payment type:

Check or Moneyorder

-Make checks payable to: **National Benefit Advisory, Inc.**

-Mail to: **ATTN: Erika Besand**

National Benefit Advisory, Inc.

232 Washington Ave., Suite 200

Bremerton, WA 98337

Credit Card

(Please put information as it appears on the card or billing statement)

American Express Mastercard Visa Amount: _____

Please Print Legibly

Credit Card #: _____ - _____ - _____ Expiration Date: ____/____

Name on Card: _____ Signature: _____

Statement Billing Address:

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Fill Out Only If Applicable:

Additional Participant s Payment Information

Credit Card #: _____ - _____ - _____ Expiration Date: ____/____

Name on Card: _____ Signature: _____

National Benefit Advisory, Inc.

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For Office Use Only:
Job#: _____
Date: _____

Location Information

Agent: _____ Workshop Subject: _____

DAY 1 Workshop Date: _____
Weekday Month Day
Workshop Location Name: _____
Location Contact: _____ Location Phone: _____
Workshop Address: _____
City: _____ State: _____ Zip: _____
Time: _____ to _____ and _____ to _____

DAY 2 Workshop Date: _____
Weekday Month Day
Workshop Location Name: _____
Location Contact: _____ Location Phone: _____
Workshop Address: _____
City: _____ State: _____ Zip: _____
Time: _____ to _____ and _____ to _____

DAY 3 Workshop Date: _____
Weekday Month Day
Workshop Location Name: _____
Location Contact: _____ Location Phone: _____
Workshop Address: _____
City: _____ State: _____ Zip: _____
Time: _____ to _____ and _____ to _____

DAY 4 Workshop Date: _____
Weekday Month Day
Workshop Location Name: _____
Location Contact: _____ Location Phone: _____
Workshop Address: _____
City: _____ State: _____ Zip: _____
Time: _____ to _____ and _____ to _____