OneAmerica® Financial

Base LTC annuity: Client profile

Who do you know that:

- ☐ Is age 75 – 87?
- ☐ Has an existing nonqualified annuity (can be fixed, fixed indexed or variable)?
- ☐ Isn't using an annuity for income?
- ☐ Has low basis / high appreciation?
- ☐ Can pass the "4 questions" below?
- ☐ Is out of surrender period?
- ☐ Has expressed long-term care concerns, has had planning questions in the past or have history with caregiving?
- ☐ Has expressed long-term care concerns or questions in the past?

Client name	Age	State
Name of spouse if applicable	Age	State

Annuity balance	Current company	Annuity type / Current rate

Is it currently out of surrender period: ☐ **YES** ☐ **NO**

If not, when?	What riders does it have?
How do we initiate this conversation?	What is the purpose of this money?

Can they answer "No" to the following four questions? ☐ **YES** ☐ **NO**

1. Do you currently use any of these mechanical devices: wheelchair, walker, dialysis machine, oxygen equipment, respirator, stair lift, chairlift or motorized scooter?
2. Do you currently need or receive help in doing any of the following: bathing; eating; dressing; toileting; transferring into and out of a bed, chair, or wheelchair; and/or maintaining continence?
3. Do you currently have, or have you ever had a diagnosis of or been treated for: Alzheimer's disease, dementia or memory loss? Do you currently have, or have you ever had a diagnosis of or been treated for: multiple sclerosis, muscular dystrophy, ALS (Lou Gehrig's disease), or Parkinson's disease?
4. Have you ever been diagnosed as having or been told by a medical doctor that you have AIDS, HIV or ARC disorders, or tested positive for antibodies for the AIDS virus?

What would be their objection?

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