

S L I C E

TELE-SALES **SCRIPT**



6-STEP SALES PROCESS

1. THE GREETING

Enthusiasm/be likeable

2. WARMUP/QUALIFY

Be authentic/qualify thoroughly

3. PRESENTATION

Show empathy/serious tone

4. THREE CHOICE CLOSE

Memorize/close same every time

5. GETTING THE BANK

Memorize/same every time

6. REFERRALS

Memorize/same every time

STEP 1: THE GREETING

Television Commercial Outbound:

Hello, Mr/Mrs _____, this is _____ from Senior Life Insurance.
You recently requested information from our TV commercial about low cost life insurance.
Were you looking for information for your self or a loved one?

Multi-source Outbound:

Hello, Mr/Mrs _____, this is _____, from Senior Life Insurance.
You spoke with us recently about getting information on low cost life insurance. Is the
information for yourself or a loved one?

Website Outbound:

Hello, Mr/Mrs _____, this is _____, from Senior Life Insurance.
You recently requested information ONLINE on plans that help take care of the High cost of
Funerals and Final expense. Will this information be for your self or a loved one?

Facebook Outbound:

Hello, Mr/Mrs _____, this is _____, from Senior Life Insurance.
You requested information on plans to help take care of the high cost of funerals and final
expenses. Is the information for yourself or a loved one?

Tele-Survey Outbound:

Hello, Mr/Mrs _____, this is _____, from Senior Life Insurance.
You spoke with us the other day. As you probably remember from the survey, Social Security
only pays \$255 when you pass away. There is beneficial information in your state that allows you
other options to cover your final arrangements.
Will the information be for yourself or a loved one?

Inbound Transfers:

Hello Mr/Mrs _____. This is _____. I am the licensed agent for your state and will be helping
you out today. Is this information going to be for yourself or a loved one?



STEP 2: WARM UP AND PREQUALIFY

**“I can get you that information. It just takes two minutes.
I see you live in_____?”**

***Start warming up with small talk (weather, pets, family, etc.),
and finish with the “speaking of family...” dialogue below.***

➔ **Speaking of family, what this plan is all about, is taking care of your family and giving yourself some peace of mind.**

First, I am going to see how many discounts I can get you. I am going to do my best to get you as many as I can. I will share with you the features and benefits of your plan, and then I’ll go over a couple different protection amounts so you can see which one is best to leave behind to your family.

If it’s something I can help you with, all I do is an application that qualifies you. It just takes a few moments.

Home Application Pending Under Construction Notifications & Documents Field Presentation Recording Option *

Proposed Insured

First Name Last Name Date of Birth Gender

mm / dd / yyyy -SELECT-

What is the owner's relationship to the insured? What city is the owner currently in? What state is the owner currently in?

-SELECT- -SELECT-

Home Application Pending Under Construction Notifications & Documents Field Presentation Agent Portal

PREVIOUS NEXT

Hospitalizations

Are you currently hospitalized or in a nursing facility?

☐ YES ☐ NO

Health

Have you ever been diagnosed with cancer or have you had a stroke?

☐ YES ☐ NO

**ENTER INSURED'S
INFORMATION AND
ASK QUALIFYING
QUESTIONS**

SO, LET'S START WITH SOME DISCOUNTS.

What's your date of birth? City and state of residence?

When is the last time you were in the hospital?

• Ask how that experience was for them with concern.

If they have not been hospitalized recently, comment on their good fortune.

Have you had any heart, liver or lung problems like COPD or Emphysema?

And have you been treated for any cancer, stroke, circulation, or kidney problems?

ENTER MEDICATION TAKEN BY THE INSURED

This screenshot shows the 'Tobacco and Nicotine' step of the form. It includes a navigation bar at the top with links: Pending, Under Construction, Notifications & Documents, Field Presentation, and Recording Option. The main heading is 'Tobacco and Nicotine'. Below it is the question 'Do you use any form of Tobacco or Nicotine?'. There are two radio button options: 'YES' and 'NO'. At the bottom right is a 'NEXT' button with a right arrow icon. 'PREVIOUS' buttons are located at the top left and bottom right.

This screenshot shows the 'Height, Weight, and Medications' step. It features the same navigation bar. The heading is 'Height, Weight, and Medications'. There are input fields for Height (5 Ft, 9 In) and Weight (175 Lbs). Below these is the question 'Does the proposed insured take any medications?' with 'YES' and 'NO' radio button options. An 'ADD MEDICATION' button is at the bottom left. 'PREVIOUS' and 'NEXT' buttons are at the top.

This screenshot shows a 'Select Medication' modal window. It has a search bar with 'Not Listed' placeholder text. Below the search bar is a scrollable list of medication names: ABILIFY, ACARBOSE, ACCUPRIL, and ACEBUTOLOL. A 'NEXT' button is visible on the right side of the modal.

Do you smoke or **use any tobacco or nicotine** products?

How **tall** are you and how much do you **weigh**?

Are you currently **taking any medications** or have you been prescribed any in the last 2 years?

[If yes] Can you do me a favor? Can you go get them, so I can be sure to get the correct information to help you qualify?

*Input Medications:

*Select Usage:



TRANSITION 2

Based off what you told me so far, it appears that you may qualify for one of our best plans. That is really great!

STEP 3: PRESENTATION

(SLOW DOWN!)

NOW, I'm sure you can agree with me that...

Everybody's needs are different, (pause)

BUT what I have found out, is it doesn't matter who I'm talking to... one thing we all have in common, is...we all want to take care of our family (pause)

I'm sure you are like a lot of my other customers. You just want to make sure you have some protection in place for your family when they need it the most. And that's when you pass away and are no longer with them. Isn't that right?

The PROBLEM today is the High Cost of Funerals. The average cost of a funeral today is 7 to 12 thousand dollars nationally.

They've really gone up quite a bit over the years haven't they?

You know, something I hear a lot about, are those families who end up having to come up with all sorts of ways to pay for this, when a loved one passes away with nothing or not enough. (I.E. offering plate, Loans, Go Fund Me, ETC).

Obviously it says a lot about yourself not wanting to put your family or anyone through that. And I'd like to commend you for taking care of this!

Are you planning on having a traditional burial or cremation?

Respond accordingly.

Your policy is a permanent whole life plan, which means you have guaranteed protection for the rest of your life.

Your premium, which I am about to go over with you in just a second, will never increase, and your benefits will never decrease.

(If immediate benefit) Your policy has Day One coverage or immediate benefits. That means there is absolutely NO WAITING PERIOD.

Your policy is double indemnity, which means If you die of any accidental death your policy will pay twice the amount.

We don't do any medical exams to get you qualified. We just ask you a few Yes or No questions, which I can do that right over the phone. Its that easy to qualify.

Your policy builds cash value every year, which you have access to anytime.

Most importantly, we pay our customer's claims within 24 hrs!

Do you know why we pay our claims that fast?

Most people know it is because the family needs the payout right away, so say: "That's exactly right!"

If they "don't know..." --- **Tell them!**

Examples

After-death expenses often need to be paid up front.

Families will not be allowed to delay payment.

Your family receives that money right away, just like if you were there to write the check yourself.



PLANS OPTIONS PAGE

This is the close!

This is where they either pick a plan or give an objection, so be prepared for objections and keep moving forward. Always coming back to the close. As soon as they pick a plan, go to step 1!

STEP 4: THREE CHOICE CLOSE

CHOICE CLOSE!

Mr/Mrs _____. Keeping affordability in mind, I'm going to show you 3 different plans. Now, you can always add more coverage later, whether that's 2 weeks or 2 years from now. You just don't want to be one of those individuals that pass away and there is nothing. Something is always better than nothing.

1ST PLAN \$50-75

2ND PLAN \$75-99

3RD PLAN \$100-150

*The first plan I'm going to share with you is _____ in natural protection which pays _____ in accidental protection as well. The monthly enrollment is only _____ which stays the same and never goes up.

If its day one coverage (Super, Preferred, & Standard), stress immediate benefits with absolutely NO waiting period.

*The second plan I'm going to share with you is _____ in natural protection which pays _____ in accidental protection as well. The monthly enrollment is only _____ which stays the same and never goes up.

*The third plan I'm going to share with you is _____ in natural protection which pays _____ in accidental protection as well. The monthly enrollment is only _____ which stays the same and never goes up.

While you look those, let me get a little more information.

I have your mailing address as _____, is this correct?

(OR) What's a good mailing address for you? *(Write this down for INSURED PAGE later.)*

Mr/Mrs _____. Provided I can qualify you, who would you like to leave as your beneficiary to receive these benefits when you pass away? *(Wait for response.)*

And that is your _____?

Now, Mr/Mrs _____. Out of those three plan I've shown you, which one do you want me to qualify you for to leave to _____, your _____ when you pass away?

APPLICATION

ENTER APPLICATION DATA

VERIFY SPELLING OF ALL NAMES; VALID EMAIL REQUIRED IF CLIENT HAS ONE

1

The screenshot shows the 'Proposed Insured' section of the application. It includes fields for First Name (JOHN), Middle Name, Last Name (DOE), Suffix, SSN, Date of Birth (03/29/1996), Gender (MALE), Height (5' 9"), Weight (175 lbs.), and Address Line 1 and 2.

Insured Page

2

The screenshot shows the 'Policy Owner' section. It includes fields for Mother's Maiden Name, Relationship to Proposed Insured (SELF), First Name (JOHN), Middle Name, Last Name (DOE), Suffix, SSN, Phone Number (777-77-2345), and Address Line 1 and 2 (1234 ABC STREET).

Owner Page

3

The screenshot shows the 'Physician or Medical Facility' section. It includes fields for Name, Phone Number, Address Line 1 and 2, City, State, and Zipcode. Below this is the 'Medications' section with a question: 'Does the Proposed Insured take any medications?' with YES and NO radio buttons.

Physician Page

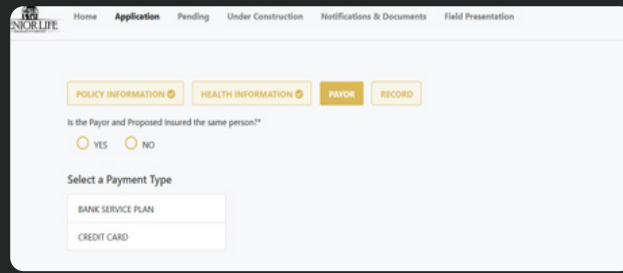
The screenshot shows the 'Existing Policies for Proposed Insured' section. It includes two questions: 'Do you want the Automatic Premium Loan Provision?' and 'Do you have any existing life insurance policies or annuity contracts?'. Both have YES and NO radio buttons.

EXISTING COVERAGE PAGE

The screenshot shows the 'Health Questions' section. It includes three questions: 'Are you currently hospitalized; confined to a nursing facility; receiving hospice care; unable to care for yourself; terminally ill; or do you expect to be admitted to a hospital or nursing facility?', 'Have you tested positive for or been diagnosed by a physician as having the Human Immunodeficiency Virus (HIV) infection or Acquired Immune Deficiency Syndrome (AIDS)?', and 'In the past six months, have you experienced any unexplained weight loss or weight gain?'. Each question has YES and NO radio buttons.

HEALTH QUESTIONS PAGE

MEMORIZE BANKING SCRIPT



“You will receive a copy of all of this information in 5-7 business days once we finish your application.”

STEP 5: GETTING THE BANK INFO

As the payor of the policy, Mr/Mrs _____, we set this up for you the safest way possible.

We want to make sure you have legal documentation of your premiums. The way that we ensure this happens is by having your bank send them for you on the date you choose. With that being said, will you be using a checking, savings, or Federal Credit Union?

(BE READY TO ADDRESS BANKING OBJECTIONS)

Your due date is very flexible. You can choose any day between the 1st and 28th. Or, you can choose any specific time of the month like the 3rd or 4th Wednesday. What works best for you each month?

And what is the name of your bank?

In order to set this up for you on the *[due date they chose]*, we just need to verify a few numbers. Grab your checkbook or bank statement and I can tell you which numbers are needed. Take your time.

*If checkbook:

Mr/Mrs _____, looking at the bottom left, start with the first 9 numbers... (routing)
Great! Now, the next set of numbers (account).

*If statement:

Mr/Mrs _____, look around the top right and it should have your account number there.
(Use Google to find routing. Ex. Wells Fargo routing number.)

And how does your name appear on the account?

Now, the first payment is the most critical payment you will ever make. That is what puts your coverage in effect. We will have the bank send the first payment as soon as possible, then all future payments will be on the (date they chose) okay?

*****IF THEY OBJECT TO ASAP, SEE NEXT PAGE*****

****IF THEY OBJECT TO ASAP****

I understand Mr/Mrs _____.

What I can do is give you a few days to get the money in the bank, okay?
So, we will let them send the first payment on _____ [a date that is 3 to 4 days away].

****IF THEY STILL OBJECT TO PAYMENT THAT SOON****

*Get a date as close as possible or set for the date they receive their direct deposit.
Look at SSI/Disability benefits calendar to see when their benefit date falls.
Getting the correct IW date is crucial if business has to be post-dated.*

RECORDING SECTION

FOLLOW RECORDING SCRIPT AND ENTER DATA

“I JUST NEED TO DO A BRIEF RECORDING WITH YOU AND WE WILL BE ALL FINISHED UP.”

RECORDING / TEXT 2 SIGN PAGE

IF YOU'RE DOING A RECORDING, FOLLOW THE PROMPTS // TEXT 2 SIGN - SEE SCREENSHOTS

| | | | |
|----------------------|----------------------|---------|--------------------|
| POLICY INFORMATION ✓ | HEALTH INFORMATION ✓ | PAYOR ✓ | RECORD/E-SIGNATURE |
|----------------------|----------------------|---------|--------------------|

| NAME | ROLE | E-SIGNATURE | RECORDING | NOT AVAILABLE |
|------------------|---------|-------------|-----------------------|-----------------------|
| JOHN DOE | INSURED | ✓ | <input type="radio"/> | <input type="radio"/> |
| JOHN DOE | OWNER | ✓ | <input type="radio"/> | <input type="radio"/> |
| JOHN DOE | PAYOR | ✓ | <input type="radio"/> | <input type="radio"/> |
| TEST HOME OFFICE | AGENT | ✓ | <input type="radio"/> | |

NEXT ➔

TEXT 2 SIGN

THE CUSTOMER MUST DO THIS THEMSELVES, YOU CANNOT SIGN FOR THEM

1

Telephone* Email Address*

(333) 333-3333 JOHNDOE@EMAIL.CO

I consent to subscribe to recurring text alerts regarding my application/policy status related to Senior Life Insurance Company** **

☒ I consent to be contacted

** By providing my wireless phone number to Senior Life Insurance Company, I agree to receive text messages and/or services that I have previously purchased and products and/or services that I have purchased at my wireless number. Message and data rates may apply. Msg frequency may vary.

Consent

2

POLICY INFORMATION HEALTH INFORMATION PAYOR RECORDS-SIGNATURE

Review Documents

VIEW UNSIGNED DOCUMENTS

JOHN DOE

Telephone:

Please provide a valid phone number where documents can be sent for review.

All Documents Sent Awaiting Approval

RESEND DOCUMENTS TO REVIEW

Pening Screen

3

Text Message • SMS
Today 9:10 AM

Reply YES to electronically sign your documents from Senior Life Insurance Company. Msg freq varies. Msg&data rates may apply. Text HELP for help or STOP to opt-out. Privacy: <https://www.seniorlifeinsurancecompany.com/privacy-policy/>

1st Text to Applicant

4

Yes

Thanks for opting in! We'll send a link to review & electronically sign your documents soon. Text HELP for help or STOP to opt-out. Msg&data rates may apply.

You have received documents to electronically sign from Senior Life Insurance Company. Please click the link below to sign.

<https://telesales.srlife.net/reviewdocs/reviewdocs.php?requestid=45a76c3a-07ea-413d-9608-90fd627c054c&code=kxQoE9&lang=en>

Text HELP for help or STOP to opt-out. Msg&data rates may apply.

Document Text

TEXT 2 SIGN

THE CUSTOMER MUST DO THIS THEMSELVES, YOU CANNOT SIGN FOR THEM

5

Password required

Please enter the last 4 digits of your social to unlock.

OK

Password:
Last 4 of SSN

6

Review Documents

Senior Life Insurance Company and Everlasting Legacy would like you to review, approve, and electronically sign the documents below. If everything looks correct, then please click on "I accept and agree" and "SUBMIT" button.

SENIOR LIFE
APPLICATION FOR
PREFERRED SENIOR LIFE INSURANCE

Executive Office:
1 Senior Life Lane
Thousand, GA 31762

POLICYHOLDER INFORMATION

| | | |
|------------------------------|-----------------------|-------------------------------|
| Name: JOHN DOE | SSN: 333333333 | Relationship to Insured: SELF |
| Email: SEVERE@SENIORLIFE.COM | Phone: (888) 324-3754 | Cell Phone: |
| Address: 123 SEVERE, 1234 | City: SEVERE | State: FL Zip: 32245 |

INSURED INFORMATION: All applicants must permanently reside in the United States.

| | | |
|---------------------------|---------------------------|--------------------------|
| Name: JOHN DOE | Phone: (888) 324-3754 | Age: 45 |
| Address: 123 SEVERE, 1234 | City: SEVERE | State: FL Zip: 32245 |
| SSN: 333333333 | Date of Birth: 01/01/1969 | Sex: F Ht: 5' 4" Wt: 170 |

BENEFICIARY INFORMATION

| | | |
|-------------------|----------------------|-------------------|
| Primary: JANE DOE | Relationship: WIFE | Phone: 4169573456 |
| Address: | City: | State: |
| City: | Relationship: SISTER | Phone: |
| Address: | City: | State: |

PLAN INFORMATION

| | |
|--------------------------|---------------------------|
| Face Amount: \$1,000,000 | Base Plan Premium: \$9.43 |
|--------------------------|---------------------------|

SEVERE INFORMATION

| | | |
|-----------------------|-------------------------|------------------------|
| Accidental Death: YES | Charitable Benefit: YES | Base Premium: \$4.48 |
| Disability: YES | | Total Premium: \$14.41 |

HEALTH QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Are you currently hospitalized, confined to a nursing facility, receiving hospice care, unable to care for yourself, terminally ill, or do you expect to be admitted to hospital or nursing home? YES NO
- Have you tested positive for exposure to the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection or other disease or condition listed from such infection? YES NO
- In the past 12 months, have you experienced any unexplained weight loss or weight gain? YES NO
- In the past year, have you used any form of tobacco or nicotine product? YES NO
- In the past three years, have you been hospitalized for or over three days? YES NO
- In the past three years, have you been advised or recommended by a licensed member of the medical profession to have any tests, treatments, surgery, or hospitalization which has not been completed, or been advised to take medication and have not been completed? YES NO
- In the past three years, have you had been treated for, received medical advice, been prescribed medication for, or been diagnosed by a licensed member of the medical profession with pre-existing diabetes, including complications from such, uncontrolled high blood pressure, or other condition? YES NO

Name: JOHN DOE

☐ I accept and agree

☐ The information is incorrect

Document

**THEY MUST SCROLL TO THE
END FOR THE ACCEPT AND
AGREE BUTTON TO WORK**

7

Review Documents

Thank you for reviewing and submitting your documents. You may now close this window.

Complete

****DO NOT END THE CALL WITHOUT GOING OVER THIS WITH CLIENT****

STEP 6: ENDING AND REFERRALS

Mr/Mrs _____, thank you for allowing me to help you today. I know that it's not an easy thing to put your trust in people these days, but I want to thank you for trusting me to help your family. If you have a pen and paper there, I want to make sure you have all my contact information. So, again, my name is _____, and my direct number is _____.

It has been a pleasure helping you today, but before I let you go, I just want to make sure of a couple things. Like we discussed, you will receive all of your paperwork for your policy in about 7-10 business days. Do you fully understand how your plan works? And are you completely satisfied with your decision to protect your family today?

That's great Mr/Mrs _____! What you have done today is going to be such a tremendous blessing for your family in the future, as well as give you the peace of mind knowing that the financial burden of your passing is taken care of. The commitment you have made to protect your family will be of lasting value for generations.

We have also made a commitment to you as well, and I want you to know that I take that commitment very seriously. We have committed to be there for your family when you no longer can, so please make sure that you pass along my name and number to your beneficiaries. That way, they know who to call when that day comes.

Again, thank you for putting your trust in me, and hopefully you and I both have many more birthdays between now and then, right?

One last thing Mr/Mrs _____. I try to help as many families as I can achieve the peace of mind and protection that you and your family now have.

Who are 3 people that you know that could benefit from a great plan like yours?

(Proceed to obtain three referrals; name, phone number, relationship w/client.)

Mr/Mrs _____, thank you so much for your time, and please, reach out if you have any questions or there is anything you need. Have a wonderful day!

S L I C E

Memorization **Aid**



MEMORIZATION AID

This condensed version mirrors the visual script above, but removes visuals and tips so you can drill the core word tracks.

GREETING

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You spoke with us recently about getting information on low cost life insurance. Is the information for yourself or a loved one?

Website Outbound:

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Inbound Transfers:

Hello Mr/Mrs _____. This is _____. I am the licensed agent for your state and will be helping you out today. Is this information going to be for yourself or a loved one?

WARM-UP & PRE-QUALIFY

Transition: “I can get you that information—it just takes two minutes. I see you live in...”

Quick Warm-Up

- Weather/local small talk; how long in the area; married/how long; kids or grandkids
- Close: “Speaking of family, what this plan is all about, is taking care of your family and giving yourself some peace of mind. First, I am going to see how many discounts I can get you. I am going to do my best to get you as many as I can. I will share with you the features and benefits of your plan, and then I'll go over a couple different protection amounts so you can see which one is best to leave behind to your family. And if it's something I can help you with, all I do is an application that qualifies you. It just takes a few moments.”

SO, LET'S START WITH SOME DISCOUNTS.

What's your D.O.B + City, State?

When is the last time you were in the hospital?

(2 times in the past 6 months.)

- Ask how that experience was for them with concern.
- If they have not been hospitalized, comment on their good fortune.

Have you had any heart, liver, or lung problems like COPD or Emphysema?

And have you been treated for any cancer, stroke, circulation, or kidney problems?

(In the past 3 years?)

Do you smoke or use any tobacco or nicotine products?

(In the last 12 months?)

How tall are you and how much do you weigh?

Are you currently taking any medications or have you been prescribed any in the last 2 years?

[If they have prescriptions] Can you do me a favor?

Can you go get them, so I can be sure to get the correct information to help you qualify?

Set Expectations

“Based on what you've told me, it looks like you qualify for one of our best plans!”

PRESENTATION

Now, I'm sure you can agree with me that everybody's needs are different, (pause)... but, what I have found, is it doesn't matter who I'm talking to, one thing we all have in common is we all want to take care of our family.

I'm sure you are like a lot of my other clients. You just want to make sure you have some protection in place for your family when they need it the most. And that will be when you pass away and are no longer with them. Isn't that right?

The PROBLEM today is the High Cost of Funerals. The average cost of a funeral today is 7 to 12 thousand dollars nationally. They've really gone up quite a bit over the years haven't they?

You know, something I hear a lot about, are those families who end up having to come up with all sorts of ways to pay for this, when a loved one passes away with nothing or not enough.

Obviously it says a lot about yourself not wanting to put your family or anyone through that. And I'd like to commend you for taking care of this!

Are you planning on having a traditional burial or cremation?

Respond accordingly.

Core Benefits *(say slowly)*

- Your policy is a permanent whole life plan, which means you have guaranteed protection for the rest of your life!
- Your premium will never increase, and your benefits will never decrease.
- [If ASAP] Your policy has Day One coverage; there is absolutely NO WAITING PERIOD.
- Your policy is double indemnity, meaning, if you die of accidental death your policy will pay twice the amount.
- We don't do any medical exams to get you qualified.
- We just ask you a few Yes or No questions, which I can do right over the phone.
- Your policy builds cash value every year, which you have access to anytime.

Most importantly, we pay our customer's claims within 24 hours!

Do you know why we pay our claims that fast? *Tell them why if they don't know...*

THREE-CHOICE CLOSE

Mr/Mrs _____.

Keeping affordability in mind, I'm going to show you three different plans. Now, you can always add more coverage later, whether that's two weeks or two years from now. You just don't want to be one of those individuals that pass away and have nothing. Something is always better than nothing.

- Option A: \$_____ natural protection that pays \$_____ for accidental death. Monthly enrollment of \$_____. Never goes up.
- Option B: (middle figure)
- Option C: (higher figure)

While they review, confirm mailing address and beneficiary (name & relationship).

Close: "Of those three, which do you want me to qualify you for to leave to _____ (your _____)?"

GETTING THE BANKING INFO

As the payor of the policy, Mr/Mrs _____, we set this up for you the safest way possible. We want to make sure you have legal documentation of your premiums. The way that we ensure this happens is by having your bank send them for you on the date you choose. Will you be using a checking, savings, or Federal Credit Union?

(BE READY TO ADDRESS BANKING OBJECTIONS)

Your due date is very flexible. You can choose any day between the 1st and 28th. Or you can choose any specific time of the month like the 3rd or 4th Wednesday. What works best for you each month? *(Wait for answer.)* And what is the name of your bank?

GETTING THE BANKING INFO (CONT.)

To set this up for you on the [due date they chose], we just need to verify a few numbers. Grab your checkbook or bank statement and I can tell you which numbers are needed. Take your time.

***If checkbook:** Mr/Mrs _____, looking at the bottom left, start with the first 9 numbers (routing)... Great! Now, the next set of numbers (account).

***If statement:** Mr/Mrs _____, look around the top right and it should have your account number there. (Use Google to find routing. Example: Wells Fargo Routing number.)

And how does your name appear on the account?

Now, the first payment is the most critical payment you will ever make. That is what puts your coverage in effect. We will have the bank send the first payment as soon as possible, then all future payments will be on the [date they chose], okay?

****IF THEY OBJECT TO ASAP****

I understand Mr/Mrs _____. What I can do is give you a few days to get the money in the bank, okay? So, we will let them send the first payment on _____ [a date that is 3 to 4 days away].

****IF THEY STILL OBJECT TO PAYMENT THAT SOON****

Get a date as close as possible or set for the date they receive their direct deposit. Look at the SSI/disability benefits calendar to see when their benefit date falls. Getting the correct IW date is crucial if business has to be post-dated.

Continue to Ending and Referrals...

ENDING AND REFERRALS

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It has been a pleasure helping you today, but before I let you go, I just want to make sure of a couple things. Like we discussed, you will receive all of your paperwork for your policy in about 7-10 business days. Do you fully understand how your plan works? And are you completely satisfied with your decision to protect your family today?

That's great Mr/Mrs _____! What you have done today is going to be such a tremendous blessing for your family in the future, as well as give you the peace of mind knowing that the financial burden of your passing is taken care of. The commitment you have made to protect your family will be of lasting value for generations.

We have also made a commitment to you as well, and I want you to know that I take that commitment very seriously. We have committed to be there for your family when you no longer can, so please make sure that you pass along my information to your beneficiaries. That way, they know who to call when that day comes.

Again, thank you for putting your trust in me, and hopefully you and I both have many more birthdays between now and then, right?

One last thing, Mr/Mrs _____. I try to help as many families as I can achieve the peace of mind and protection that you and your family now have.

Who are 3 people that you know that could benefit from a great plan like yours?

(Proceed to obtain three referrals; name, phone number, relationship w/client.)

Well, Mr/Mrs _____, thank you so much for your time, and please, reach out if you have any questions or there is anything you need. Have a wonderful day!

S L I C E

Supplemental **Recording Script**



SUPPLEMENTAL RECORDING SCRIPT

**ONLY DO THIS when the Home Office calls and says,
"We need the recording redone."**

START OF RECORDING

Today's date is _____ and the time is _____.

My name is _____ with Senior Life Insurance Company.

Mr./Mrs. _____, do I have your permission to record this call?

----Every recording MUST start with the above 3 lines----

Can you verify your mother's maiden name for security purposes?

The last 4 digits of your social security number is _____, correct?

Please say your name as you would like it to appear as the owner/insured on this policy.

Let me re-verify your mailing address.

[Say their street, city, state, zip.]

We have your date of birth as _____, so that makes you _____ years old, correct?

Your height is _____ and your weight is _____.

We have your phone number as _____, correct?

The primary beneficiary will be _____ and their relationship to you is _____, correct?

The secondary beneficiary will be _____ and their relationship to you is _____, correct?

The face value of the program you have chosen is _____,
with a monthly enrollment of _____.

Included in your policy is an accidental death benefit rider which will pay an additional
(*same as above*) if you die in an accident. This rider is included in the monthly
enrollment of (*same as above*), okay?

HEALTH QUESTIONS AND MEDICATIONS

Read health questions verbatim from application (state and plan specific).

Your doctor's name is _____ and he/she is in _____, correct?

Let me verify your medication (***list each medication and usage***).

APL & REPLACEMENT

Do you want the automatic premium loan provision?

Let me explain:

- After your policy has accumulated enough cash value to make a monthly premium payment, from that point on, if you miss a payment, the cash value would automatically make the premium payment so you don't lose your policy.
- There is no additional charge for this feature and it can be included in your policy if you would like it to be.

Would you like that at no additional charge? Yes or No

Do you have any existing life insurance or annuity contracts? Yes or No

Will this cause any insurance or annuity to be replaced or changed? Yes or No

CONFIRMATION OF APPLICATION

Mr/Mrs _____, did you hear all the health questions and confirm that all the statements and answers made in this application were full, complete, and true to the best of your knowledge and belief? Yes or No

Okay. Do you understand that the company will rely on these answers in issuing any life insurance and I, as the agent, do not have the authority to waive or modify any questions or answers on this recording? Yes or No

Mr/Mrs _____, do you understand that for insurance to go into effect the Proposed Insured's health condition must remain as described in the application at the time the first premium is honored by the bank and the policy is issued? Yes or No

Mr/Mrs _____, can you please state your name as the owner/insured of this policy, and also please verify the city and state you are located in right now?

BANKING INFORMATION

Okay, Mr/Mrs _____.

The way we set these up for you is through our Bank Service Plan.

Will you be using your [checking/savings] account?

At [the name of your bank]?

We have the routing number as _____, correct?

We have the checking/savings account number as _____, correct?

PAYMENTS

For ASAP Payment say:

- The first payment of _____ is in the bank now, correct?
- We will let the bank send the first payment on [2 business days after application date], or as soon as possible thereafter through our bank service plan, alright?

For Future Initial Payment say:

- We will let the bank send the first payment on _____ through our bank service plan, okay?
- To confirm, you would like to send all future payments on the _____ of each month, correct?
- Mr/Mrs _____, can you state your name exactly as it appears on the account as the payer of the policy?
- Mr/Mrs _____, your coverage will go into effect when we receive the first premium payment and your policy is issued, okay?

AGENT STATEMENT

Now, Mr/Mrs _____, this is a legally binding document so I need to read a statement to you and state my name on the recording as the agent, and then we will be finished.

- AGENT STATEMENT: I, [agent name], certify that each question in all parts of the application were asked and the answers are true and complete and that I have accurately recorded the answers in full as they were given. To the best of my knowledge, replacement is or is not involved in this transaction.

PRODUCT EXPLANATION

If MDB: If you should die from an accidental death it pays immediately from day one. If you should die of natural causes it pays 110% of all premiums paid in the first 24 months and the full benefit thereafter.

If GI/EI: If you should die from an accidental death, it pays immediately from day one. If you should die of natural causes, it pays 110% of all premiums paid in the first 36 months and the full benefit thereafter.

INSURABLE INTEREST

Do you have insurable interest in the person to be insured?

This is because they are your [state blood relation], correct?

Do you know the full health history of the person to be insured?

If you are insuring grandchildren, are all such dependents being insured, and are you responsible for their financial support?

Yes or no, and please explain.

Have them say:

The proposed insured is my [parent/child/relation], and the best time to reach the proposed insured is _____."

COMMITMENT

Make them feel comfortable with you and their decision.

Ask after you have gone over everything:

Are you satisfied with the decision you have made today? *Wait for response.*

Good! That's important, because what my company has done today is make a commitment to you and your family, to have this money available for them when the time comes.

But, Mr/Mrs _____, we can't keep our commitment unless you also make a commitment to have the \$_____ available every month and keep this plan. If you can't do that, please tell me now, and we will adjust.

Mr/Mrs _____, can you make that commitment to me today?

Warm-down and talk with them a few more minutes about anything other than the policy (family, hobby, whatever). Explain the summary package is on the way and policy will be received 10-14 days after the 1st payment is made.

Finish by thanking him/her for putting his/her trust in you!

