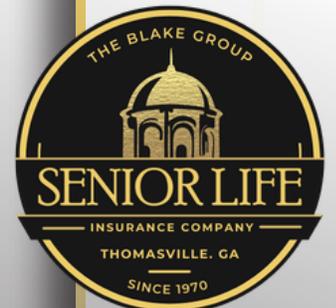


S L I C E

# 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 - What prompted you to respond to our advertisement?**

➔ 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

Navigation: Pending Under Construction Notifications & Documents Field Presentation Recording Option

PREVIOUS NEXT

## Tobacco and Nicotine

Do you use any form of Tobacco or Nicotine?

YES  NO

NEXT

Navigation: Pending Under Construction Notifications & Documents Field Presentation Recording Option

PREVIOUS NEXT

## Height, Weight, and Medications

Height: 5 Ft 9 In Weight: 175 Lbs

Does the proposed insured take any medications?

YES  NO

ADD MEDICATION

NEXT

Navigation: Pending Under Construction Notifications & Documents Field Presentation Recording Option

### Select Medication

Not Listed Search

- ABILIFY
- ACARBOSE
- ACCLIPRI
- ACEBUTOLOL

NEXT

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.

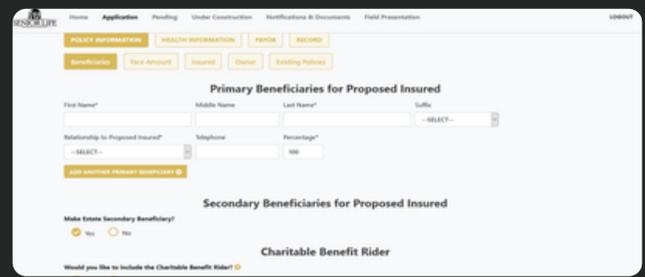
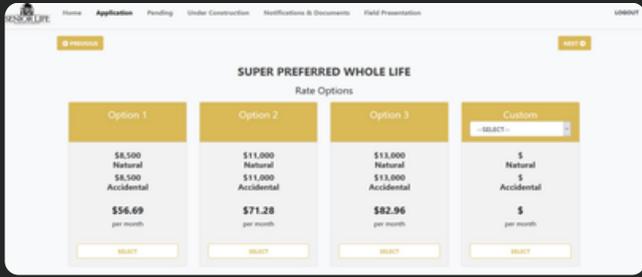
Your family receives that money right away, just like if you were there to write the check yourself.



# 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. You just don't want to be one of those individuals that pass away and there is nothing. Something is always better than nothing. Please get a pen and paper to write these down, ill wait. .

**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' form. It includes fields for First Name (JOHN), Middle Name, Last Name (DOE), Suffix, SSN, Date of Birth (01/29/1956), Gender (MALE), Height (5 FT 9 IN), and Weight (175 LBS). There are also fields for Address Line 1 and Address Line 2.

Insured Page

2

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

Owner Page

3

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

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 questions have radio buttons for YES and NO.

EXISTING COVERAGE PAGE

The screenshot shows the 'Health Questions' section. It includes three questions: 'Are you currently hospitalized...', '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 radio buttons for YES and NO.

HEALTH QUESTIONS PAGE

## MEMORIZE BANKING SCRIPT

Home Application Pending Under Construction Notifications & Documents Field Presentation

POLICY INFORMATION HEALTH INFORMATION PAYOR RECORD

Is the Payor and Proposed Insured the same person?

YES  NO

Select a Payment Type

BANK SERVICE PLAN

CREDIT CARD

“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 <input checked="" type="checkbox"/>					HEALTH INFORMATION <input checked="" type="checkbox"/>					PAYOR <input checked="" type="checkbox"/>					RECORD/E-SIGNATURE									
NAME					ROLE					E-SIGNATURE					RECORDING					NOT AVAILABLE				
JOHN DOE					INSURED					<input checked="" type="checkbox"/>					<input type="radio"/>					<input type="radio"/>				
JOHN DOE					OWNER					<input checked="" type="checkbox"/>					<input type="radio"/>					<input type="radio"/>				
JOHN DOE					PAYOR					<input checked="" type="checkbox"/>					<input type="radio"/>					<input type="radio"/>				
TEST HOME OFFICE					AGENT					<input checked="" type="checkbox"/>					<input type="radio"/>									

**NEXT**

# TEXT 2 SIGN

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

1

Telephone\* (333) 333-3333 Email Address\* JOHNDOE@EMAIL.COM

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 have authorized Senior Life Insurance Company to send me text messages and/or services that I have previously purchased and products and/or services that I have previously purchased at my wireless number. Message and data rates may apply. Msg frequency may vary.

Consent

2

POLICY INFORMATION HEALTH INFORMATION PAYOR RECORD/E-SIGNATURE

### Review Documents

VIEW UNSIGNED DOCUMENTS

JOHN DOE

Telephone: [REDACTED]

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

All Documents Sent ● Awaiting Approval ○

RESEND DOCUMENTS TO REVIEW

Pending 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.

**Password:  
Last 4 of SSN**

6

Review Documents English

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.

POLICYOWNER INFORMATION		APPLICANT FOR PREFERRED BLOOD LIFE INSURANCE		Executive Office Senior Life Insurance Company Thousand Oaks, CA 91320	
Name: JOHN DOE	SSN: 33333333	Relationship to Insured: SELF			
Email: 88888888.COM	Phone: (888) 824-2756	Cell Phone:			
Address: 123 STREET, 12345	City: 56789	State: FL	Zip: 32243		

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

Name: JOHN DOE	Phone: (888) 824-2756	Age: 45	Sex: M	Zip: 33345
Address: 123 STREET, 12345	City: 56789	State: FL	Zip: 33345	
SSN: 33333333	Date of Birth: 01/01/1965	Sex: M	Ht: 5' 10" Wt: 150	DOB: 01/01/1965

**BENEFICIARY INFORMATION**

Primary: JOHN DOE	Relationship: AGENT	Phone: 8123456789	
Address:	City:	State:	Zip:
Company:	Relationship: AGENT	Phone:	
Address:	City:	State:	Zip:

**PLAN INFORMATION**

Plan Number: 123456			
---------------------	--	--	--

**SMOKER INFORMATION**

Accidental Death: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Charitable Benefit: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Basic Plan Premium: 75.43
Cost: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Basic Premium: 2.48
		Total Premium: 77.91

**HEALTH QUESTIONS**

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. 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 home?  YES  NO

2. Have you tested positive for exposure to the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) (diagnosis required by the HIV infection or other disease or condition listed with each infection)?  YES  NO

3. In the past 12 months, have you experienced any unexplained weight loss or weight gain?  YES  NO

4. In the past year, have you used any form of tobacco or nicotine product?  YES  NO

5. In the past three years, have you been hospitalized for or over three days?  YES  NO

6. 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 medications and have not been completed?  YES  NO

7. 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 uncontrolled diabetes, including complications from such, uncontrolled high blood pressure, or other chronic medical 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 English



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

### 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?

## WARM-UP & PRE-QUALIFY

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

### Quick Warm-Up

- What prompted you to respond to our advertisement.
- 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. Now grab a pen and paper to write this down.

- 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

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 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.

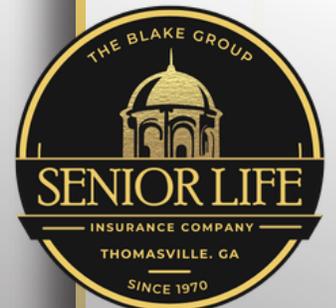
Who are 3 people that you know that could benefit from a great plan like yours?

***(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

POWER  
**QUESTION**



# POWER QUESTIONS

**The purpose of the power questions is to get people to open up to you, tell them what their issues are so you can solve them. These are just a start, keep the conversation going.**

1. What prompted you to respond to our advertisement?
2. Who will be in charge of your final affairs one day?
3. Do you prefer Cremation or Burial?
4. How much do you feel a Cremation or Burial will cost?
5. When was the last time you attended a funeral?

## **Other Fact Finding / Follow Up questions:**

1. Why haven't you purchased a life insurance policy yet?
2. What exactly are you looking for?
3. What do you NOT want?
4. What would a perfect policy look like for you?
5. What type of Burial or Cremation do you want?
6. Are you a veteran?
7. What do you exactly mean?
8. When you say that what exactly do you mean?
9. Why do you feel you need coverage?
10. Do you make all your own decisions?
11. Is there anyone else that influences your decisions?
12. Is there any reason why you wouldn't make a decision today?
13. On a scale of 1-10, how important is it for you to have life insurance in place?
14. Do you have any major health conditions?
15. Have you applied for coverage in the past and got declined?
16. Can you make an educated guess as to how much this will cost you?
17. How long have you been thinking about this?
18. Who is ultimately responsible for your final affairs?
19. Have you spoke to your family/kids about this?
20. What has made you want to look into this now?

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!*



SENIOR LIFE INSURANCE COMPANY

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