

PERMISSION TO CONTACT FORM

Name:	
Phone:	
Email:	
City, Zip:	

Best time to call: Morning Afternoon Evening

I'm want information for:

- | | |
|--|--|
| <input type="checkbox"/> Medicare Supplements | <input type="checkbox"/> Prescription Drug Plan |
| <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> Dental and Vision Plan |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Critical illness Plan |
| <input type="checkbox"/> Term Life Policy | <input type="checkbox"/> Final Expense/ Memorial |
| <input type="checkbox"/> Whole-life (Cash-value) | <input type="checkbox"/> Annuity Investment |

Yes, I have questions about insurance, and I want to discuss my coverage options with a Insurance Professional.

I understand, by providing the above information, that a Licensed Broker will contact me with relative information, and a FREE Insurance Quote.

(Signature)

(Date)

DOUBLE T.
INVESTMENTS

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