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**CIRCLE WHAT YOU'RE INTERESTED IN AND EMAIL OR FAX TO (956) 928-1811**

## PERSONAL PLANNING

DISABILITY INCOME    MEDICARE SUPPLEMENT    ANNUITIES    HOSPITAL INCOME  
CRITICAL ILLNESS    LIFE INSURANCE (TERM/PERMANENT)    HEALTH INSURANCE  
LONG-TERM CARE    ACCIDENT INSURANCE

## BUSINESS PLANNING

KEY EMPLOYEE PROTECTION    BUY-SELL FUNDING    GROUP 401(K)  
DISABILITY INSURANCE (BUSINESS OPERATING EXPENSE)    SUCCESSION PLANNING  
BUSINESS CONSULTING    GROUP HEALTH INSURANCE

Please Call: \_\_\_\_\_ PH #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ E.Mail: \_\_\_\_\_