LET'S TALK MONEY®

Order Form

Let's Talk Money® newsletter is produced bimonthly for your customers or prospects and is available in four versions:

1. **Standard Financial Topics**
2. **Retirement Planning**
3. **Small Business Needs**
4. **Legacy/Insurance Planning**

Article Summaries available at *www.letstalkmoney.com/as*

Print and PDF Edition

Customized Masthead Four different colors to choose from.

Personalized Includes color photo, logo, contact information and custom message.

Broker-Dealer Disclosures If required.

Multi-Channel Distribution Deliver timely content in print and electronic channels for optimal response rates.

E-mail Edition

Quality Eye-catching, personalized mobile responsive and compatible email linking to full articles.

Personalized Includes your color photo, logo and contact information.

Easy To Use Maintain and track your e-mail list with our simple online tool.

Due to compliance restrictions, not all versions and/or output options may be available. Please call us for details at LTM Client Marketing.

LTM Client Marketing

ORDER FORM | Customize your newsletter

Tel: 1-800-243-5334 | Fax: 1-800-720-0780

Please print all information as you wish it to appear on your newsletter.

1 Custom Masthead (Please choose only ONE)

- ☐ LET'S TALK MONEY
- ☐ LET'S TALK MONEY
- ☐ LET'S TALK MONEY
- ☐ LET'S TALK MONEY

2 Photo/Logo

☐ Send E-mail ☐ On File ☐ Blank

Digital image must be in JPG, TIFF or EPS format (300 dpi).
Actual photo must be 3" x 4" and in color.

Send to: info@ltmclientmarketing.com

3 Contact Information

Name: ______________________
(Your name, not agency)

Designation: ______________________

Title: ______________________

Company: ______________________

Address: ______________________

City: ______________________

State: ____________ Zip Code: ____________

Business Number: ______________________

Toll-free: ______________________

Fax: ______________________

Mobile: ______________________

E-mail: ______________________

Website: ______________________

Affiliations/Memberships: ______________________

Other: ______________________

If you are licensed in Arkansas or California, please indicate your Life Insurance License number and carrier:

____

- ☐ I am NOT a Registered Representative
- ☐ I AM a Registered Representative
- ☐ I AM an Investment Advisor Representative
- ☐ I AM a Dually Registered Advisor (using corporate RIA)
- ☐ I AM a Hybrid Advisor; my SEC Registered Firm Name:

____

If you are a Registered Representative, the following line must appear on the imprint area of your newsletter to be within FINRA compliance requirements. (Your Broker-Dealer may require a variation of this line.)

Registered Representative of and securities offered through:

Name of your Broker-Dealer: ______________________

Broker-Dealer Address: ______________________

City: ______________________

State: ____________ Zip Code: ____________

Check with your Broker-Dealer and life company to see if you need to submit to them the personalized section of your newsletter for review.

4 Custom Message

☐ **Option 1:**
I'm committed to helping my clients achieve their financial goals for themselves, their families and their businesses by providing them with strategies for asset accumulation, preservation and transfer.

☐ **Option 2:**
Specializing in: (Please select a maximum of five)

☐ Retirement Planning	☐ Life Insurance	☐ Annuities	☐ Other: ____________
☐ Estate Preservation	☐ Health Insurance	☐ 401(k)	____________
☐ Tax Planning	☐ Disability Insurance	☐ IRAs & SEPs	____________
			____________

☐ **Option 3:**
Text attached: Maximum 10 lines, 23 characters per line.
Note: Due to compliance restrictions, custom messages may be limited.

ORDER FORM | Fulfillment

Tel: 1-800-243-5334 | Fax: 1-800-720-0780

Please complete the following sections for us to fulfill your order.

Pricing

Print Edition			
Total Quantity	**Subscription with Mailing Services & Postage***	**Subscription Bulk-shipped**	**S&H****
50-99	$1.60	$0.93	$9.00
100-124	$1.39	$0.74	$13.00
125-249	$1.36	$0.71	$16.00
250-499	$1.30	$0.67	$18.00
500-999	$1.25	$0.64	$20.00
1,000+	$1.22	$0.61	$26.00

Kitting Services $0.24/each (Includes newsletter folded and inserted into 6x9 envelope with pre-printed return address. Additional S&H charges will apply.)

eNewsletter/Online Version Pricing***	PDF
$40 per issue with the printed newsletter	**$35 per issue** with the printed newsletter
$60 per issue without the printed newsletter	**$50 per issue** without the printed newsletter

Initial set-up fee: $50.00

Subsequent changes		
Text : $0	Photo: $25	Logo: $25

I would like to order:

- ☐ Print subscription with mailing
- ☐ Print subscription with bulk shipping
- ☐ Print subscription with kitting services

Every issue will be produced, unless our office is notified otherwise. Written notification must be received 45 days in advance of the publication date.

- ☐ Add PDF with printed newsletter
- ☐ PDF only

- ☐ Add E-mail Edition with printed newsletter
- ☐ E-mail Edition only

*Postage is prevailing rate. Shipping charges do not apply to mailing orders.
**Charges to Alaska, Puerto Rico and Hawaii will vary.
***Additional $0.05 per e-mail over 500

Print Edition Subscription with Mailing Services and Postage

Includes:

- Personalized 6" x 9" closed-face envelopes
- Newsletter folding and inserting
- Postage with a live stamp

A. Initial Mailing List Set-up:

- ☐ Website, self entry
- ☐ Acceptable electronic file format

B. List:

My list contains ______________ addresses with newsletter version specified.

Note: Minimum charge of 50 copies mailed.

C. Optional Additional Copies:

Newsletters are shipped directly to your office.

Note: Shipping & handling charge: 1-99 copies, $9.

Quantity	Version
________	Standard Financial Topics
________	Retirement Planning
________	Small Business Needs
________	Legacy/Insurance Planning

Print Edition Only

Newsletters are shipped directly to your office. Please indicate the quantity of newsletters you wish to receive for each version.

Note: Minimum order of 50 copies.
Minimum 25 copies/version.

Quantity	Version
________	Standard Financial Topics
________	Retirement Planning
________	Small Business Needs
________	Legacy/Insurance Planning

PDF Edition

Please indicate the version(s) you wish to receive in PDF format.

Quantity	Version
________	Standard Financial Topics
________	Retirement Planning
________	Small Business Needs
________	Legacy/Insurance Planning

ORDER FORM | Authorization

Accepted Payment Methods

How to provide your credit card information:
Online: Login credentials will be provided to you. | **Phone:** Call our office and provide it over the phone.
For your protection, please **DO NOT** e-mail or fax your credit card information.

Order Authorization

I authorize **LTM Client Marketing** to process charges to my credit card on an ongoing basis as per my order above. This authorization is to remain in effect until **LTM Client Marketing** has received written notification of termination from me in such time and in such manner as to afford **LTM Client Marketing** a reasonable opportunity to cancel my order in a timely and favorable fashion.
Charges to your credit card will appear as: **ltmcm.com 800-243-5334**

LIMITATION OF LIABILITY: **LTM Client Marketing Inc.** ("LTMCM") sole liability to the customer or any third party for claims, notwithstanding the forms of such claims, for any error or omission in the service, or late delivery or unavailability of the services, shall be to correct the error and provide the services as promptly as possible. In no event will LTMCM be responsible for special, indirect, incidental or consequential damages which the customer may incur or experience on account of entering into or relying on this agreement. The customer hereby releases and forever discharges LTMCM for any and all action, claims, demands, costs, expenses and compensation whatsoever, in connection with the foregoing.

I have read and agree to the above Limitation of Liability disclosure. I submit my order for processing.

Customer Signature or Authorized Person:

______________________________________ Date: ________________

$50
Per Referral

Referral Program

Refer someone, and once their order is fufilled we'll process your savings!

Name: ____________________

Phone: ____________________

E-mail: ____________________

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TEL: 1-800-243-5334 | FAX: 1-800-720-0780 | EMAIL: info@ltmclientmarketing.com
www.letstalkmoney.com

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