

# 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**

Double T investments maintains electronic and procedural safeguards to protect all non-public information from unauthorized use or access.