

# MY PPS LEGACY FUND<sup>SM</sup>

- 1. Funeral/Cremation Services \$ \_\_\_\_\_
  - 2. Cemetery/Disposition Costs \$ \_\_\_\_\_
  - 3. Family Gathering/Reception Allowance \$ \_\_\_\_\_
  - 4. Current Monthly Expenses x 3 months (minimum) \$ \_\_\_\_\_
  - 5. Pet Care \$ \_\_\_\_\_
  - 6. Estate Planning Attorney Retainer Fee \$ \_\_\_\_\_
  - 7. Anticipated Property Taxes \$ \_\_\_\_\_
  - 8. Unexpected Medical Bills \$ \_\_\_\_\_
  - 9. Legacy Gift to Loved Ones \$ \_\_\_\_\_
  - 10. Donation to Charitable/Religious Organization \$ \_\_\_\_\_
  - 11. Other \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

Standard Issue     Guaranteed Issue    Age: \_\_\_\_\_    Single Premium Option \$ \_\_\_\_\_

## Payment Plan Options    Monthly    Quarterly    Semi-Annual    Annual

**3-Year** \$ \_\_\_\_\_ x 36 months = \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Premiums                      Policy Amount                      Insurance Fees over Policy Period

\$ \_\_\_\_\_ ÷ 3 years = \$ \_\_\_\_\_ ÷ 12 months = \$ \_\_\_\_\_  
Insurance Fees                      Annual Insurance Fees                      Monthly Insurance Fees

**5-Year** \$ \_\_\_\_\_ x 60 months = \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Premiums                      Policy Amount                      Insurance Fees over Policy Period

\$ \_\_\_\_\_ ÷ 5 years = \$ \_\_\_\_\_ ÷ 12 months = \$ \_\_\_\_\_  
Insurance Fees                      Annual Insurance Fees                      Monthly Insurance Fees

**7-Year** \$ \_\_\_\_\_ x 84 months = \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Premiums                      Policy Amount                      Insurance Fees over Policy Period

\$ \_\_\_\_\_ ÷ 7 years = \$ \_\_\_\_\_ ÷ 12 months = \$ \_\_\_\_\_  
Insurance Fees                      Annual Insurance Fees                      Monthly Insurance Fees

**10-Year** \$ \_\_\_\_\_ x 120 months = \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Premiums                      Policy Amount                      Insurance Fees over Policy Period

\$ \_\_\_\_\_ ÷ 10 years = \$ \_\_\_\_\_ ÷ 12 months = \$ \_\_\_\_\_  
Insurance Fees                      Annual Insurance Fees                      Monthly Insurance Fees

Prepared by (print name) \_\_\_\_\_

Phone Number \_\_\_\_\_

Agent License Number \_\_\_\_\_