

Order Form
GIB Rider Calculator

1. **Personal Information-**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2. **Payment to Accompany Form:** Check Payable to Rocco DeFrancesco Credit Card Total \$ _____ **3 digit CC ID:** _____

3. **Credit Card Payment Options:** Visa or MC Number: _____ Exp. Date: _____

I would like to order access to the online **Guaranteed Income Benefit (GIB) Rider Calculator** that is being offered through TriArc Advisors, LLC.

Place an X next to the one below that applies:

_____ I agree to pay a licensing fee to use the software in an amount of **\$500 a year**. **THIS LICENSING FEE IS FOR ONE USER AND NOT FOR AN ENTIRE INSURANCE AGENCY OR MARKETING ORGANIZATION. IF YOU NEED MULTIPLE LICENSES, PLEASE CONTACT TRIAC FOR A DIFFERENT ORDER FORM.**

_____ I work with ECA Marketing and would like access to the GIB rider calculator for **FREE**. I understand that I have a **production requirement** to keep access to the software for free. I agree to place \$250,000 of fixed annuity premium through ECA Marketing (marketing organization) annually (also \$10,000 of target premium for life insurance sales will suffice). I agree to get licensed with at least one insurance company through ECA Marketing within 30 days of signing this agreement.

I understand and agree that if I do not get licensed through ECA Marketing with an insurance company within 30 days of this agreement or if I do not place \$250,000 of fixed annuity business with ECA Marketing annually (or \$10,000 of target life premium), I authorize TriArc Advisors, LLC to charge my credit card \$500.

If I choose to pay for the calc, I am agreeing to pay the fee and be setup with annual billing. I understand that I will automatically be billed every year unless I send an e-mail to info@thewpi.org indicating that I want to cancel my subscription.

Please sign and date before faxing in.

Print Name:

Date

Return completed education registration form and payment to:

The WPI: info@strategicmp.net or 3260 S. Lake Shore Dr., St. Joseph, MI 49085.

Fax: **313-887-0532**. Phone: 269-216-9978. **The address above needs to be the billing address for the CC.**