

TriArc Advisors, LLC

Roth Conversion Calculator

Items in red must be filled out.

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 **Roth Conversion Calculator** software that is being offered through The Wealth Preservation Institute.

_____ 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 **Strategic Marketing Partners, LLC** and would like access to the base 4orce system 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 SMP, LLC (www.strategicmp.net) or an affiliated/designated IMO (marketing organization) (\$10,000 of target premium for life insurance sales will suffice). I agree to get licensed with at least one insurance company through SMP, LLC within 30 days of signing this agreement.

I understand and agree that if I do not get licensed through SMP, LLC with an insurance company within 30 days of this agreement and if I do not place \$250,000 of fixed annuity business with SMP, LLC or an affiliated/designated IMO (or \$10,000 of target life premium) within six months of obtaining access to the software, 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@strategicmp.net indicating that I want to cancel my subscription.

Return completed education registration form and payment to:

TriArc Advisors, LLC: info@thewpi.org 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 credit card.