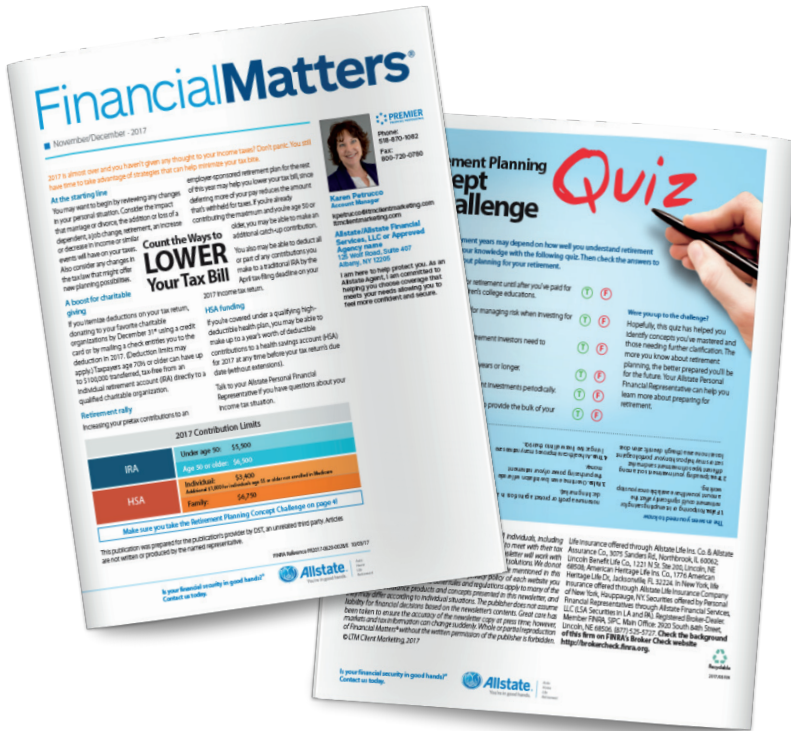


# FinancialMatters®

## ALLSTATE ORDER FORM

**Financial Matters®** is produced bimonthly for your customers or prospects.



- **Exclusive Allstate Masthead**
- **Exclusive Writing Style**  
Easy to read and consistent with the Allstate voice.

- **Promote EA/EFS partnership**
- **Your Color Photo and**

### Contact Information

Your name, company name, address and telephone and fax numbers.

- **Appropriate Disclosures**
- **Allstate Company Logo**

Increase brand awareness.

*Financial Matters®* is mailed in a personalized 6" x 9" closed-face

Eligible for  
**Allstate's Executive Advantage Plus Program!**


[www.ltmclientmarketing.com](http://www.ltmclientmarketing.com)

**LTM** Client Marketing



**1 Photo**

☐ Enclosed ☐ To Follow ☐ On File ☐ Blank

☐ Include  with photo (if applicable)

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

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

**2 Contact Information**

**Agent 1**

Agent Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Your name, not agency)

Designation:  
(Must comply with broker-dealer and state regulations)

☐ CFP ☐ ChFC ☐ CLU ☐ Other  
☐ CPA ☐ JD ☐ MBA

Title:  
☐ All PFRs: Personal Financial Representative  
☐ All non-PFRs: Exclusive Agent

Business Number: \_\_\_\_\_

Toll-free: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Life Insurance License Number: \_\_\_\_\_  
(If licensed in AR, CA or MN)

**Agent 2**

Agent Number: \_\_\_\_\_

Name: \_\_\_\_\_  
(Your name, not agency)

Designation:  
(Must comply with broker-dealer and state regulations)

☐ CFP ☐ ChFC ☐ CLU ☐ Other  
☐ CPA ☐ JD ☐ MBA

Title:  
☐ All PFRs: Personal Financial Representative  
☐ All non-PFRs: Exclusive Agent

Business Number: \_\_\_\_\_

Toll-free: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Life Insurance License Number: \_\_\_\_\_  
(If licensed in AR, CA or MN)

**3 Custom Message**

☐ **PFRs:** As a Personal Financial Representative, I specialize in providing guidance to address your short and long term financial goals. I am committed to helping customers like you ensure your financial security and your family's financial future.

☐ **Non-PFRs:** I am here to help protect you. As an Allstate Agent, I am committed to helping you choose coverage that meets your needs allowing you to feel more confident and secure.

☐ **Leave Blank:** No message.

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

## 4 Pricing

Prices include 10% Allstate discount			
Total Quantity	Subscription with Mailing Services & Postage*	Subscription Newsletter Only	S&H**
100-124	\$1.32	\$0.67	\$13.00
125-249	\$1.29	\$0.64	\$16.00
250-499	\$1.23	\$0.60	\$18.00
500-999	\$1.19	\$0.58	\$20.00
1,000+	\$1.16	\$0.55	\$26.00

**Initial set-up fee:** \$50

**Subsequent changes:** Text — no charge | Photo — \$25

\* Postage is prevailing rate. Shipping charges do not apply to mailing orders.

\*\* Charges to Alaska, Puerto Rico and Hawaii will vary.

### I would like to order:

(Choose one)

☐ Print subscription with mailing services and postage

☐ Print subscription with bulk shipping

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

## 5 Subscription with Mailing Services and Postage

### Includes:

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

### A. List:

My Excel or CSV file contains \_\_\_\_\_ addresses with newsletter version specified. Due to compliance restrictions, newsletter versions may be limited.

**Note:** Minimum order of 100 newsletters.  
Minimum charge of 50 newsletters mailed.

### B. Optional Bulk-shipped Copies:

Newsletters are shipped directly to your office.

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

Quantity	Version
	English
	Spanish



## REFERRAL PROGRAM:

Did an Allstate agent refer you to use the *Financial Matters®* newsletter?

If yes, please provide Agent's name:

\_\_\_\_\_

## 6 Bulk Shipping Only

Newsletters are shipped directly to your office. Please indicate the quantity of newsletters you wish to receive for each version. Due to compliance restrictions, newsletter versions may be limited.

**Note:** Minimum order of 100 newsletters.  
Minimum 25 newsletters/version.

Quantity	Version
	English
	Spanish

**Credit card and payment information on next page >**

# ORDER FORM | Credit Card Information

I authorize LTM Client Marketing to process charges to my credit card as outlined in my selected option. LTM Client Marketing produces the *Financial Matters*® newsletter, and I have agreed to an ongoing subscription according to this order form. This authorization will remain in effect until

LTM Client Marketing has received written notification of termination from me in such a time and in such a manner as to afford LTM Client Marketing the reasonable opportunity to cancel my order in a timely and favorable fashion.

## Agent #1:

Credit Card Type:

☐ MasterCard ☐ VISA ☐ AMEX ☐ Executive Advantage Plus

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Percentage: \_\_\_\_ %

## Agent #2:

Credit Card Type:

☐ MasterCard ☐ VISA ☐ AMEX ☐ Executive Advantage Plus

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Percentage: \_\_\_\_ %

From time to time, LTM Client Marketing will, at the request of Allstate Regional Marketing, provide Allstate Regional Marketing with a list of newsletter recipients for the purpose of measuring program effectiveness. Allstate Regional Marketing has assured LTM Client Marketing that the newsletter mailing lists will be used solely for the purpose of comparing the names of newsletter recipients with policyholder names, in an effort to track results of the newsletter program.

LTM CLIENT MARKETING'S MAILING SERVICES LIMITATION OF LIABILITY: LTM Client Marketing's sole liability to the customer or any third party for claims, notwithstanding the form 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 LTM Client Marketing 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 LTM Client Marketing for any and all actions, 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: \_\_\_\_\_

**For more information, call: 800-243-5334**

**To order by fax: 800-720-0780**

**E-mail: [info@ltmclientmarketing.com](mailto:info@ltmclientmarketing.com)**

**LTM** Client Marketing

125 Wolf Road, Ste. 407, Albany, NY 12205  
**[ltmclientmarketing.com](http://ltmclientmarketing.com)**