

# Group Retirement Plan Lead Sheet

Date: **02/07/2009**

TSR Name: **Chuck**

TSR ID: **MIN**

Spoke To: **Jerry**

**McClosky**

Position: **Treasurer**

Business Name: **Ambulance Associates**

Address: **86 N Arrington St**

Job Number

City: **Seavey**

State: **PA**

Zip Code: **17563**

Phone Number: **(717) 823-0540**

1) Present Company / Plan: (If none go to point #3) **Merril Lynch**

It Is: An I. R. A.: **Yes**

A 401K: **No**

Other: **Mutual Funds**

2) When the Present Plan was initiated:

Contribution Schedule: **Quarterly**

Contribution Amount:

3) Who is (or would be) on the Plan: **about 25**

4) Person Spoke to: **Jerry**

Age:

Contact's Gender **Male**

Children:

5) Spouse:

Spouse's age:

Spouse's name:

6) Number of Employees: **42**

7) Wants: To hear about Retirement Plans: **No**

To hear about Additional Plans: **Yes**

To hear about a Rollover: **N/A**

8) The local insurance agent, **Tom Banks**

, has permission to call.

The best time to call is: **Anytime is good**

Special Notes:

**Jerry gathers information on the company retirement plans for the board to consider. They have had this plan for only 2 years and have not looked into other options. He said they would consider adding another plan as a second choice or possibly changing plans.**

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