

Instructions to completing the **Scope of Sales Appointment Confirmation Form (SOA)**

Reason for form:

Please read the top portion of the form on page one for explanation.

Medicare Beneficiary Initials

Please initial where indicated on page one for the type of product(s) you'd like to discuss. Please note that we encourage both places (Part D and Part C) to be initialed so we can provide the most comprehensive information about these two options.

Medicare Beneficiary Signature and date

Top of page 2 asks for your signature (or an authorized representative) along with the signature date.

PLEASE NOTE THAT YOUR INITIALS, SIGNATURE AND SIGNATURE DATE ARE THE ONLY REQUIREMENTS.

IMPORTANT: A SOA form needs to be completed by each individual who is requesting a face to face appointment.

Once completed you can contact your advisor for further instruction. If you have no assigned advisor or have any questions about this form or other concerns please call **1-877-996-3364** for assistance.