

DEBORAH L. JACOBS
**Estate Planning
SMARTS**

Brochures to help advisers market their practices:

Give Your Plan A Check-Up

_____ @ Basic price: \$2 each

Additional \$500: Personalize front panel with logo and contact information (*minimum order of 250 brochures*)

Additional \$2,500: Changes to interior text + personalize front panel with logo and contact information (*minimum order of 500 brochures*)

How a Roth IRA Can Benefit Heirs

_____ @ Basic price: \$2 each

Additional \$500: Personalize front panel with logo and contact information (*minimum order of 250 brochures*)

Additional \$2,500: Changes to interior text + personalize front panel with logo and contact information (*minimum order of 500 brochures*)

Trusts: Not Just For the Wealthy

_____ @ Basic price: \$2 each

Additional \$500: Personalize front panel with logo and contact information (*minimum order of 250 brochures*)

Additional \$2,500: Changes to interior text + personalize front panel with logo and contact information (*minimum order of 500 brochures*)

Essential Goals And Documents

_____ @ Basic price: \$2 each

Additional \$500: Personalize front panel with logo and contact information (*minimum order of 250 brochures*)

Additional \$2,500: Changes to interior text + personalize front panel with logo and contact information (*minimum order of 500 brochures*)

Choosing a Trustee

_____ @ Basic price: \$2 each

Additional \$500: Personalize front panel with logo and contact information (*minimum order of 250 brochures*)

Additional \$2,500: Changes to interior text + personalize front panel with logo and contact information (*minimum order of 500 brochures*)

Shipping and handling: \$10

TOTAL:

Call to order: (800) 694-7624 • Fax order to: (803) 781-7868
Email: nicole@estateplanningsmarts.com
Pensworth, 415 Gallatin Circle, Irmo, SC 29063

DEBORAH L. JACOBS
Estate Planning
SMARTS

SHIP TO:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

BILL TO: *(If different from ship to)*

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT:

Check: Please make payable to **Pensworth**

Credit Card: Visa MasterCard American Express Discover

Name on card: _____

Card Number: _____

Expiration Date: _____ 3 or 4 digit security code (found on front or back of card)

Signature (required for credit card orders): _____