

Scanning Cover Sheet (MM 9/20/05)
Project: Client Files

Client Name: _____ **Policy-Account#:** _____
 (Last, First)

Company Code: (Select one)

<input type="checkbox"/> MMFG (Company Documents)
<input type="checkbox"/> OBA (outside, non-Company Documents)

Document Type *Required

<input type="checkbox"/> Account Statement*	<input type="checkbox"/> Correspondence*	<input type="checkbox"/> Investor Account Form*	<input type="checkbox"/> Transaction Authorization Form*
<input type="checkbox"/> Advertising*	<input type="checkbox"/> Customer Complaint*	<input type="checkbox"/> Policy Delivery Receipt*	<input type="checkbox"/> Trust Document
<input type="checkbox"/> Advisory Services Agreement*	<input type="checkbox"/> Disclosure Form*	<input type="checkbox"/> Policy/Contract*	<input type="checkbox"/> Will
<input type="checkbox"/> Application*	<input type="checkbox"/> Fact Finder/Needs Analysis*	<input type="checkbox"/> Receipt for Check & Cash	<input type="checkbox"/> Other (_____)
<input type="checkbox"/> Breakpoint worksheet*	<input type="checkbox"/> Financial Plan*	<input type="checkbox"/> Replacement Form*	
<input type="checkbox"/> Case Notes*	<input type="checkbox"/> Illustration	<input type="checkbox"/> Review	
<input type="checkbox"/> Confirmation*	<input type="checkbox"/> Inspection Report*	<input type="checkbox"/> Tax Return	

Product Type

<input type="checkbox"/> 5 Year Term	<input type="checkbox"/> 7 Year Term	<input type="checkbox"/> Annuity	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Trust
<input type="checkbox"/> 10 Year Term	<input type="checkbox"/> 15 Year Term	<input type="checkbox"/> Asset Preserver	<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> UGMA
<input type="checkbox"/> 20 Year Term	<input type="checkbox"/> 25 Year Term	<input type="checkbox"/> Custodial	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> UTMA
<input type="checkbox"/> 401K		<input type="checkbox"/> Disability	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> VUL
<input type="checkbox"/> 403B		<input type="checkbox"/> Executor	<input type="checkbox"/> Simple IRA	<input type="checkbox"/> Whole Life
<input type="checkbox"/> 412i		<input type="checkbox"/> Individual <input type="checkbox"/> Joint	<input type="checkbox"/> SVUL	<input type="checkbox"/> Wrap Product
<input type="checkbox"/> 529		<input type="checkbox"/> IRA	<input type="checkbox"/> SWL	<input type="checkbox"/> Other (_____)

Company (optional)

<input type="checkbox"/> AG Edwards	<input type="checkbox"/> Davis Funds	<input type="checkbox"/> MML Investors Service	<input type="checkbox"/> Paine Webber
<input type="checkbox"/> American Funds	<input type="checkbox"/> Eaton Vance	<input type="checkbox"/> Manulife	<input type="checkbox"/> Panorama Passage
<input type="checkbox"/> American General	<input type="checkbox"/> Investnet	<input type="checkbox"/> MassMutual	<input type="checkbox"/> Panorama Plus
<input type="checkbox"/> Antares	<input type="checkbox"/> First Colony	<input type="checkbox"/> MassMutual International	<input type="checkbox"/> Panorama Premier
<input type="checkbox"/> Babson Capital	<input type="checkbox"/> Franklin Templeton	<input type="checkbox"/> MassMutual Trust	<input type="checkbox"/> PIMCO
<input type="checkbox"/> Boston Capital	<input type="checkbox"/> Fundquest	<input type="checkbox"/> Monumental	<input type="checkbox"/> Principal
<input type="checkbox"/> Brinker Capital	<input type="checkbox"/> GE	<input type="checkbox"/> Morning Star	<input type="checkbox"/> Putnam
<input type="checkbox"/> C.M. Life	<input type="checkbox"/> Lincoln Benefit Life	<input type="checkbox"/> National Financial Service	<input type="checkbox"/> United Investors Life
<input type="checkbox"/> Cornerstone	<input type="checkbox"/> MML	<input type="checkbox"/> Oppenheimer	<input type="checkbox"/> Other (_____)

Description: _____
 (optional)

Document Date: _____ / _____ / _____
 (optional)

Rep ID: _____

By Whom Scanned: _____

Document Preparer's Initials: _____
Page Count: _____ <input type="checkbox"/> Simplex
<input type="checkbox"/> Duplex



* D O C B R E A K *