

Beneficiary Rollover Script – Getting the

Rep: “Listen, one of the biggest challenges in insurance is that often death claims aren’t paid. Because the beneficiaries aren't aware and don't have necessary info, so they can't file a claim.

Rep: To ensure your claim is paid out, we make sure we get the beneficiary certificate out to _____ (Beneficiary) and _____ (Contingent).

Rep: “Who would you like to list as your primary and contingent beneficiaries.. That are over 18yrs old?” *(wait for answer)*

Rep: “Ok, awesome! What’s their phone number and email?” *(write down the beneficiary’s name, number, and email)*

Rep: "We need 3 Adult Emergency Contacts as well."

Rep: "If for any reason your primary and contingent were unable to be reached who else would you reach out to in an emergency situation."

“Ok. I just sent you a text message. Please send it out now to all five people you just listed."To let them know i'll be calling them. **See text message below**

TEXT MESSAGE

Hey, I know you’re probably busy, but I just updated my life insurance policy and made you point of contact in case something was to happen to me to assure my wishes are honored. My agent _____ **(Agent Name)** will be calling you in the next day or so to go over my plan and share the info with you! Look out for their call from _____ **(Agent Phone Number)** in case it shows up Scam Likely. I need you to get my updates. Make sure you meet! Thanks.

Beneficiary Rollover Script- Contacting the Beneficiary

Rep: "Hello _____ (**Ben/EC**), this is _____ (**Agent Name**)! Your _____ (**Relationship**) _____ (**Client Name**) recently took out a policy with us. They should have notified you to expect my call." *(wait for response)*

Rep: "Great! I'm calling to provide you with your beneficiary certificate, so that in the event of (client's death), you'd know exactly what to do.

Rep: "What concerned _____ (**Client**) the most was income replacement. **He/She/They** wanted to make sure if he/she passed, whomever raised his/her children would have money to do so for at least 10 years. And **she/he/they** realized not only was the insurance on the job not enough, but they'd lose it if they left!

REP: (Client Name) wanted to make sure I share the same info with you regarding knowing your P.I.N (Protection Income Number), "Let me ask you _____ (**Ben/EC**) are you positive you have enough in place to keep your paycheck coming into your family for the next 10 years?" If something happened? *(wait for response)*

OK. So we'll discuss what a P.I.N is and how we put (**client's name**) plan in place. **Are you available today or tomorrow to meet on my Zoom for about 15min?**

Next- SET APPT

Then... 1. Meet on Zoom 2. Complete P.I.N through Primerica App System 3. Complete their 4. Email Certificate



BENEFICIARY INFORMATION FORM

PLEASE KEEP THIS FORM IN A SAFE AND SECURE PLACE AT ALL TIMES.

I have applied for life insurance and named you a Primary or Contingent Beneficiary in my initial application. While the policy applied for may not be issued, the policy may not be in force at the time of my death, or the beneficiaries may change, I wanted to inform you of this important information.* I have asked my agent to provide you with this form. In the event of my death, please contact the Agent, Local Office, or the Company so that they can receive notice of and start processing my claim.

INSURED INFORMATION

Full Name: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

BENEFICIARY INFORMATION

Full Name: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to Insured: _____

PRIMERICA CONTACT INFORMATION

Independent Primerica Representative: _____ Agent ID: _____

Email Address: _____

Office Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Office Phone: _____ Cell Phone: _____

Primerica Home Office - Claims: 1-888-893-9858

Primerica Canadian Home Office - Claims (English): 1-800-387-7876 | Primerica Canadian Home Office - Claims (French): 1-800-265-4804

In the United States (except in New York), term life insurance products are underwritten by Primerica Life Insurance Company, Executive Offices: Duluth, Georgia. In New York, term life insurance products are underwritten by National Benefit Life Insurance Company, Home Office: Long Island City, New York. In Canada, term life insurance products are underwritten by Primerica Life Insurance Company of Canada, Head Office: Mississauga, Ontario.

*This form is not a contract. If issued, the terms and conditions of the life insurance policy in force at the time of death of the insured will control.



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INSURED INFORMATION

Full Name: _____
Email Address: _____ Date of Birth: _____
Address: _____
City: _____ State/Province: _____ ZIP/Postal Code: _____
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I have applied for life insurance coverage. In the event of my death, please contact the Agent, Local Office, or the Company so that they can receive notice of and start processing my claim. I am entrusting you to please contact them soon after learning of my death. I have asked my insurance agent to provide you with this form.

INSURED INFORMATION

Full Name: _____

Email Address: _____ Date of Birth: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____

Email Address: _____

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