



ADVERTISING REVIEW COVER SHEET

AR# (corp comm. use only): _____

**Please fill out as completely as possible and submit with the piece to be reviewed.
Pages 1 and 2 must be completed.**

Date Submitted: _____ Dpt. Submitting Rqst: _____	
Contact Person: _____	
Requested Completion Date: _____ <i>Please allow at least 10 business days for review, branding & approval or speak with Corp Comm.</i>	
Developed By: <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Producer or Broker Name: _____ <input type="checkbox"/> Corporate Communications <input type="checkbox"/> Other: _____	
Advertising Form Number: _____ Revision Number/Date: _____	
Insurance Policy or Annuity being Advertised (select ALL that apply)	
<input type="checkbox"/> Sage Term <input type="checkbox"/> ISSPWL <input type="checkbox"/> FISPWL <input type="checkbox"/> Sage NLUL <input type="checkbox"/> Sage IUL <input type="checkbox"/> Sage WL <input type="checkbox"/> SPIA <input type="checkbox"/> Sage Select FIA <input type="checkbox"/> Sage Choice SPDA <input type="checkbox"/> Sage Secure FIA <input type="checkbox"/> MYGA <input type="checkbox"/> Sagicor (Institutional) <input type="checkbox"/> Other: _____	
Type of Advertisement	
<input type="checkbox"/> Letter <input type="checkbox"/> Flyer <input type="checkbox"/> Post Card <input type="checkbox"/> Print Ad <input type="checkbox"/> Training Presentation <input type="checkbox"/> Script <input type="checkbox"/> Producer Announcement <input type="checkbox"/> Sweepstakes Flyer/Rules <input type="checkbox"/> Other: _____	
Sagicor Marketing Material: <input type="checkbox"/> Quick View <input type="checkbox"/> Product Guide <input type="checkbox"/> Consumer Brochure <input type="checkbox"/> Products At A Glance <input type="checkbox"/> Flyers <input type="checkbox"/> Crediting Strategies <input type="checkbox"/> Other: _____	
Method of Distribution (select ALL that apply)	
<input type="checkbox"/> E-mail <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine/Trade Publication <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> CD/DVD <input type="checkbox"/> Webinar <input type="checkbox"/> Sagicor Website <input type="checkbox"/> Producer Use Only <input type="checkbox"/> Tradeshow <input type="checkbox"/> Table/Booth Event <input type="checkbox"/> Conference <input type="checkbox"/> Producer/Agency Website (list website): _____ <input type="checkbox"/> Other: _____	
Extent of Distribution	
<input type="checkbox"/> One Time Use From: _____ To: _____ <input type="checkbox"/> Extended Use (1 year max from date of final approval)	

Continue to page 2

Intended Audience/Target Market

Producer or Broker Consumer (list age group if known): _____

Which state(s) is the piece being advertised in?

General – *all states* State Specific – *list state(s)* _____

*(If the piece will appear on a website, the **General – all states** box should be checked and list the website address below)*

Website address: _____

Is this advertisement specifically intended for Senior Citizens? YES NO

Description of Requested Piece

Please provide information relative to the size and layout (Specs) of the requested piece. Also provide basic content information and any other requests or instructions.

Specs (to include size, color, format, etc):

General Content Description:

Workflow Review Status

By signing, I certify that I have reviewed the submitted material and noted any necessary changes.

SAGICOR INTERNAL

Date Received/Created: _____ Reviewed By: _____
(printed name)

(signature)