

Legacy Wealth Alliance

WEALTH. WISDOM. WELL-BEING

REFER A FRIEND

Dear Client,

As a valued client of **Legacy Wealth Alliance** you know from personal experience just how committed we are to being a proactive partner in helping to shape your financial future. We would be willing to bet that you have at least one friend or family member who would also benefit from the expertise you have come to expect from the team of financial professionals here at LWA.

As you have experienced, LWA provides integrated financial services to select individuals and families. Each LWA client is presented with a plan that integrates five essential components:

- **Financial Planning***
- **Retirement Planning***
- **Insurance Planning***
- **Estate Planning***
- **Tax Reduction Strategy***

Our core beliefs are based on close relationships and trust. Our clients benefit from access to financial solutions, industry-leading knowledge, financial independence, and fundamental resources. In addition, we are committed to being plan-based – we only offer solutions pursuant to a documented financial plan and only after that plan has received the written blessing of the client. At LWA we take pride in serving the needs of our clients.

Share the value of LWA's benefits with your friends and family by completing the **Refer a Friend** form.

We thank you in advance for all provided referrals and look forward to building a legacy with your referred friends, family and co-workers.

Your financial partner,
Legacy Wealth Alliance

*Investments and Advisory Services are offered through representatives of Lincoln Financial Securities Corporation (LFSC), member SIPC. Insurance is offered through Legacy Wealth Alliance, located at 1414 West Broadway Road, Suite 149, Tempe, Arizona 85282. Lincoln Financial Securities Corporation and Legacy Wealth Alliance are not affiliated.

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You are receiving this because you elected to receive email from Legacy Wealth Alliance. Should you wish to opt out of future communications, please either reply to this email with your request or call us at 480-212-7000. All requests will be honored within 30 days.

Refer a Friend Program Form



Your First Name: _____ Your Last Name: _____
Your Phone: _____ Your Email: _____
Referral Name: _____ Referral Phone: _____
Referral Email: _____ Relationship: _____

Authorized Signature: _____

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