Date_____ Licensed Agent_____ Agent Phone Number_____

Good People Leave An Inheritance

Valued Customer(s) for Life_____

Life Insurance Evaluation

	In Place	Client	Spouse
Legacy/Income replacement			
☐10yrs ☐7yrs ☐5yrs ☐3yrs ☐ 2yrs ☐1yr	_____	_____	_____
Final Expense/ Burial Insurance			
☐ 30,000 ☐ 22,5000 ☐15,000 ☐7,500	_____	_____	_____
Mortgage Protection/Renters Protection			
☐ CBO ☐100% payoff ☐50% payoff ☐25% payoff ☐Equity Protection	_____	_____	_____
☐ 5yrs rent ☐ 3yrs rent ☐1yrs rent			
Childrens Policies (Under Age 18)			
#1 Child/Grandchild M/F Age_____ IUL WL	_____	_____	_____
#2 Child/Grandchild M/F Age_____ IUL WL	_____	_____	_____
#3 Child/Grandchild M/F Age_____ IUL WL	_____	_____	_____
#4 Child/Grandchild M/F Age_____ IUL WL	_____	_____	_____
#5 Child/Grandchild M/F Age_____ IUL WL	_____	_____	_____
#6 Child/Grandchild M/F Age_____ IUL WL	_____	_____	_____
Retirement Protection			
☐ Annuity ☐ IUL ☐ Whole Life ☐ CBO	_____	_____	_____
Accidental Insurance			
☐ 200,000 ☐ 150,000 ☐ 100,000 ☐Double Indemnity	_____	_____	_____

Review Dates _____ _____ _____ _____

Client Worksheet

Agent:_____ Date:_____

Client Information

Client's Name_____ Age_____ DOB_____

Spouse's Name_____ Age_____ DOB_____

Street Address:_____

City:_____ State:_____

Home Phone:_____ Cell Phone:_____ Email:_____

Preferred Method of Communication:

☐ In Person	☐ Mail	☐ Phone Call	☐ Text	☐ Email	☐ Video(Zoom)

Primary Beneficiary_____ Contingent Beneficiary_____

# of children under the age of 18 _____ # of grandchildren under the age of 18 _____

Are you currently pregnant yes or no

Occupation_____ Spouse Occupation_____

Monthly Income / Income Sources

1)_____

2)_____

Monthly Income / Income Sources

1)_____

2)_____

Total Income:_____

Housing Information

$_____	_____	$_____	$_____	$_____	Y / N
Mortgage Balance	Years Left	Mortgage Payment	Value	**Equity**	Both On Mortgage

Would loss of either person's income make monthly mortgage payments difficult or impact either person? Y / N

Are you doing anything to aggressively pay the mortgage off early now? Y / N

If NO, would you like to? Y / N

Monthly Rent_____ Utlities_____

Medical Information

Nicotine: Yes or No

☐ Cigarettes	☐ Cigars	☐ Snuff	☐ Chewing Tobacco	☐ Vape

Have you ever been diagnosed with or treated for the following:

☐ Cancer	☐ Heart Disease	☐ Heart Attack	☐ Artery blockage
☐ Blood Clots	☐ Stroke	☐ Dementia	☐ Alzheimer's
☐ Schizophrenia	☐ Copd	☐ Emphysema	☐ Bipolar
☐ Diabetes	☐ AIDS/AHIV	☐ Hepatitis	

Prescriptions over the last 10 years:

Additional Information

Criminal History: Any of the following in the last 10 years :

☐ Felonies	☐ DUI	☐ Speeding Tickets

Illegal Drugs or Alcohol Use: Yes or No Rehab: Yes or No

Recreation:

☐ Sky Diving	☐ Pilot	☐ Dirt Bike Racing	☐ Rock Climbing	☐ Rock Diving

Active Military: Yes or No

How do you mainly pay your bills:

☐ Checking	☐ Savings	☐ Bank Debit Card	☐ Credit Card
☐ Direct Express	☐ Money Order	☐ Pre paid debit(chime)	

Current Life Insurance

Company / Amount / Account#_____

Do you have $ 10,000 or more in any of these?

☐ Cash	☐ Savings	☐ 401 K	☐ Stocks	☐ Bonds
☐ IRA	☐ TSP	☐ Mutuals	☐ Brokerage Accounts	

Protection Options

1) _____ 1) _____

2) _____ 2) _____

3) _____ 3) _____