

General Information

Client

Name _____

Birthday _____ Age _____

Height _____ Weight _____

Smoker _____

Spouse/Other

Name _____

Birthday _____ Age _____

Height _____ Weight _____

Smoker _____

Medical Concerns

High Blood Pressure, Heart Attack, Stroke, Cancer, Diabetes, High Cholesterol,
DUI/Substance Abuse, Any Surgeries or Diseases, Accidents in the Past 10 Years

Client

Spouse/Other

Mortgage Information

Loan Amount _____

Mortgage Term _____

Lender _____

Monthly Payment _____

Life Insurance

Which carrier are you with? _____

What is the monthly cost of your coverage? _____

What is the face amount of your policy? _____

Is your policy term or whole life? _____

How long have you been enrolled in the policy? _____

How much cash value does your policy have? _____

Assess

How much would your quality of life improve if all your debts, including your mortgage, were paid off?

Are you 100% certain you will have a great retirement or do you have some doubt?

Are you aware of the income gap you'll face when you retire?

Do you have any safety nets. 401k, Stocks, Savings, IRA, CD, Annuity

Miscellaneous

Client

Occupation _____

Schedule _____

Beneficiary Full Name & Relationship _____

Do you have children? Yes _____ No _____ If yes, their ages _____

Do your children have life insurance? _____

Appointment Date & Time _____

Spouse/Other

Occupation _____

Schedule _____