

CLIENT WORKSHEET	DATE	STATE	PRODUCT SOLD
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Name	Age	Smoker Y N H/W	Name	Age	Smoker Y N H/W
Income/Source/ Bonus			Income/Source Bonus		
Who else lives with You?			Who are you entrusted me to deliver the check to?		

Mortgage & Finances		Income Replacement		Life Insurance/Retirement	
Mortgage Balance		401K/403B/IRA/Annuity		How long can your company keep/save your job?	
Mortgage Payment (Are you making extra payments?)		When do you plan to retire (50+)?			
Interest Rate/ Years Left		Life Insurance		How many months or years do you have saved to cover the Mortgage?	
Gas/Electric/Water/Cable?		2 nd Insurance			
Cars/Insurance		CWL/College Fund		When you die what do you want to leave behind A Mortgage Debt or A Mortgage Check?	
Loans/Credit Cards/Other		What do you typically like to Save?			
Total Bills:					
Funds Remaining:		*Work insurance is like gap insurance, based on company performance. *Do you work for one of those good companies that match you 10%			

FOR FINAL EXPENSE 1. NO BURIAL LIFE INSURANCE _____ 2. NEED MORE LIFE INSURANCE _____ 3. LEAVE LEGACY _____

WHO WILL BE PICKING UP THE PIECES WHEN YOU DIE?: _____

CURRENT COVERAGE:		Income/Source:	
Expire Date:		Monthly Expenses (rent, expenses?)	
401K/IRA			
Who do you Bank, let's see if you can get any extra discounts?			

MEDICAL CONDITIONS: Heart Attack/Stroke, Cancer, CHF, COPD, Diabetes/Complications, Kidney Disease, Bipolar

Diagnosis / Date Started	Hospitalized	Medications Prescribed?	DUI / Felonies

MORTGAGE IN 20 YEARS

BENEFIT OPTIONS

Mortgage Protection

Equity Protection

Identity Protection

Critical

Chronical/Terminal

Accidental

Cash Back

Cash Value

Children

Other

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Mortgage Protection

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Other