



WHAT IS THEIR CONCERN

- Identity Theft
- Disability/Long Term Care
- Critical Time Period
- Leave a legacy
- Additional Coverage
- Final Expenses
- Replacement of Income
- Retirement Planning
- Mortgage Coverage
- Children

What was your purpose behind filling out this form? \_\_\_\_\_

Is there ANY reason - if I can **qualify** you medically, I make sure it **fits** your budget, you **understand** the product, and it **solves** your concern, you wouldn't move forward? \_\_\_\_\_

What happens if you don't get covered today? \_\_\_\_\_

Who do you trust me to deliver the check to? \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

Do you make your own financial decisions? Y N Who does? \_\_\_\_\_ # \_\_\_\_\_

Do you have any kids? \_\_\_\_\_

(Do you have a will) Y N (Filled out your final wishes) Y N (Power of Attorney) Y N (Executor) Y N (Safe) Y N

**Personal Information – single married divorced widowed – employee retired disabled self-employed**

|  |  |                                 |           |                      |           |                                 |                     |                        |           |                      |           |  |
|--|--|---------------------------------|-----------|----------------------|-----------|---------------------------------|---------------------|------------------------|-----------|----------------------|-----------|--|
| Email _____  |  | Phone (texting, ok?) _____      |           | Date _____           |           | Time _____                      |                     |                        |           |                      |           |  |
| Client Name _____  |  |                                 | DOB _____ |                      | Age _____ |                                 | Spouse's Name _____ |                        | DOB _____ |                      | Age _____ |  |
| Address / How many years _____                               |  |                                 |           | City _____           |           |                                 |                     | State _____            |           | Zip _____            |           |  |
| Driver License # _____                                       |  | Driving Record / Reckless _____ |           | DUI's _____          |           | Credit Score / Bankruptcy _____ |                     | Driver License # _____ |           |                      |           |  |
| Social Security # _____                                      |  | Height – Weight _____           |           | Place of Birth _____ |           | Social Security # _____         |                     | Height – Weight _____  |           | Place of Birth _____ |           |  |
| Name of Bank _____ Routing Number _____ Account Number _____ |  |                                 |           |                      |           |                                 |                     |                        |           |                      |           |  |
| Checking or Saving or Direct Express _____                   |  |                                 |           |                      |           |                                 |                     |                        |           |                      |           |  |

**Health Information – What prescriptions are you prescribed?**

Medical Conditions: Tobacco - Vaping - Nicotine - Marijuana? Y / N

Medical Conditions: Tobacco - Vaping - Nicotine - Marijuana? Y / N

Family History? \_\_\_\_\_

Family History? \_\_\_\_\_

- |              |              |             |                    |                 |                     |
|--------------|--------------|-------------|--------------------|-----------------|---------------------|
| Autism       | Pregnant     | Military    | Sleep Apnea/C-pap  | Transplant      | Hepatitis           |
| CHF          | Neuropathy   | Confinement | Tumor              | Neuromuscular   | Mental Incapacity   |
| Diabetes     | Alzheimer's  | Trips       | High Cholesterol   | HIVS/AIDS       | Aneurysm            |
| TIA          | Stents/Clots | Thyroid     | Felony/Jail/Parole | Declines        | Insulin             |
| Stroke       | Amputation   | Surgeries   | Oxygen             | Kidney/Dialysis | Heart Disease       |
| Heart Attack | Lifestyle    | Suicidal    | Asthma             | COPD            | Hospitalizations    |
| Cancer       | Weight Loss  | Depression  | Anxiety            | Dementia        | High Blood Pressure |

| Option 1                 | Option 2                 | Option 3                 |
|--------------------------|--------------------------|--------------------------|
| ..... Natural Passing    | ..... Natural Passing    | ..... Natural Passing    |
| ..... Accidental Passing | ..... Accidental Passing | ..... Accidental Passing |
| ..... Nursing Home       | ..... Nursing Home       | ..... Nursing Home       |
| ..... Terminal Illness   | ..... Terminal Illness   | ..... Terminal Illness   |
| ..... Living Benefits    | ..... Living Benefits    | ..... Living Benefits    |
| \$..... Level Premium    | \$..... Level Premium    | \$..... Level Premium    |

# Financial Inventory

|   |                 |                |
|---|-----------------|----------------|
| Annual Gross Income                         |                 |                |
| Client                                      |                 |                |
| Spouse                                      |                 |                |
| <i>Total Annual Gross Income:</i>           |                 |                |
| Monthly Net Income                          |                 |                |
| Client                                      | Spouse          |                |
| Social Security                             |                 |                |
| Pension(s)                                  |                 |                |
| Child Support                               |                 |                |
| Other:                                      |                 |                |
| <i>Total Monthly Net Income:</i>            |                 |                |
| Fixed Monthly Expenses                      |                 |                |
| Home Mortgage / Rent                        |                 |                |
| Home Mortgage / Rent / HOA                  |                 |                |
| Home Mortgage / Rent / HOA / Extra Payments |                 |                |
| Electricity                                 | TV              |                |
| Gas   | Internet        |                |
| Water                                       | Other:          |                |
| Cell Phone(s)                               |                 |                |
| Vehicle #1                                  | Vehicle #2      |                |
| Vehicle #3                                  | Vehicle #4      |                |
| Auto Insurance                              |                 |                |
| Renters Ins.                                | Homeowners Ins. |                |
| Health Ins.                                 | Dental Ins.     |                |
| Life Ins. <b>Type</b>                       | Face Amount     | Provider / Co. |
| 1.  |                 |                |
| 2.  |                 |                |
| 3.  |                 |                |
| 4.  |                 |                |
| 5.  |                 |                |
| 6.  |                 |                |
| Credit Card #1                              | Credit Card #2  |                |
| Credit Card #3                              | Credit Card #4  |                |
| Credit Card #5                              | Credit Card #6  |                |
| Student Loan(s)                             |                 |                |
| Personal Loan(s)                            |                 |                |
| Medical Loan(s)                             |                 |                |
| Childcare                                   |                 |                |
| Gym / Health Club Membership(s)             |                 |                |
| Monthly Subscription(s)                     |                 |                |
| Grooming (e.g. Haircuts, Manicures)         |                 |                |
| Other:                                      |                 |                |
| Other:                                      |                 |                |
| <i>Total Fixed Monthly Expenses:</i>        |                 |                |
| Variable Monthly Expenses                   |                 |                |
| Groceries                                   |                 |                |
| Gas   |                 |                |
| Giving (Tithe, Donations, Charity, Gifts)   |                 |                |
| Fun / Entertainment                         |                 |                |
| Other:                                      |                 |                |
| Other:                                      |                 |                |
| Other:                                      |                 |                |
| <i>Total Variable Monthly Expenses:</i>     |                 |                |
| <b>Total Cash Flow:</b>                     |                 |                |

|                                    |               |              |                |              |        |     |     |         |
|------------------------------------|---------------|--------------|----------------|--------------|--------|-----|-----|---------|
| Liquid Assets                      |               |              |                |              |        |     |     |         |
| Checking Account                   |               |              |                |              |        |     |     |         |
| Savings Account                    |               |              |                |              |        |     |     |         |
| Checking Account #2                |               |              |                |              |        |     |     |         |
| Savings Account #2                 |               |              |                |              |        |     |     |         |
| Cash                               |               |              |                |              |        |     |     |         |
| Cash                               |               |              |                |              |        |     |     |         |
| <i>Total Liquid Assets:</i>        |               |              |                |              |        |     |     |         |
| Investments – Golden Question      |               |              |                |              |        |     |     |         |
|                                    | Client        |              | Spouse         |              |        |     |     |         |
|                                    | # Yrs. Funded | Current Bal. | # Yrs. Funded  | Current Bal. |        |     |     |         |
| Mutual Funds                       |               |              |                |              |        |     |     |         |
| Stocks                             |               |              |                |              |        |     |     |         |
| CDs                                |               |              |                |              |        |     |     |         |
| Money Market                       |               |              |                |              |        |     |     |         |
| Life Ins. Cash Value               |               |              |                |              |        |     |     |         |
| <i>Total Investments:</i>          |               |              |                |              |        |     |     |         |
| Retirement Plans – Golden Question |               |              |                |              |        |     |     |         |
|                                    | Client        |              |                | Spouse       |        |     |     |         |
|                                    | # Yrs.        | % M          | % C            | Balance      | # Yrs. | % M | % C | Balance |
| 401K, 403B, TSP                    |               |              |                |              |        |     |     |         |
| Traditional IRA                    |               |              |                |              |        |     |     |         |
| Roth IRA                           |               |              |                |              |        |     |     |         |
| Annuities                          |               |              |                |              |        |     |     |         |
| Other:                             |               |              |                |              |        |     |     |         |
| <i>Total Retirement Plans:</i>     |               |              |                |              |        |     |     |         |
| Assets                             |               |              |                |              |        |     |     |         |
| Primary Residence                  |               |              |                |              |        |     |     |         |
| Vehicle #1                         |               |              | Vehicle #2     |              |        |     |     |         |
| Vehicle #3                         |               |              | Vehicle #4     |              |        |     |     |         |
| Other:                             |               |              |                |              |        |     |     |         |
| <i>Total Assets:</i>               |               |              |                |              |        |     |     |         |
| Liabilities                        |               |              |                |              |        |     |     |         |
| Mortgage Primary                   | Term          | %            | Equity         |              |        |     |     |         |
| Rental Properties                  |               |              |                |              |        |     |     |         |
| Vehicle #1                         |               |              | Vehicle #2     |              |        |     |     |         |
| Vehicle #3                         |               |              | Vehicle #4     |              |        |     |     |         |
| Credit Card #1                     |               |              | Credit Card #2 |              |        |     |     |         |
| Credit Card #3                     |               |              | Credit Card #4 |              |        |     |     |         |
| Credit Card #5                     |               |              | Credit Card #6 |              |        |     |     |         |
| Student Loan(s)                    |               |              |                |              |        |     |     |         |
| Personal Loan(s)                   |               |              |                |              |        |     |     |         |
| Medical Loan(s)                    |               |              |                |              |        |     |     |         |
| Other:                             |               |              |                |              |        |     |     |         |
| <i>Total Liabilities:</i>          |               |              |                |              |        |     |     |         |
| <b>Total Net Worth:</b>            |               |              |                |              |        |     |     |         |

## Referrals

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_