

Agent:	Date:
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Client Worksheet					
Client Information					
	Onem inio	mation			
Client's Name	Age	 e	Spouse's Name	Age	
\$			\$		
Monthly Income / Income Sources			Monthly Income / Income Sources		
1)	_		_1)		
2)	Total Inc	come			
Mortgage Information					
· · · · · · · · · · · · · · · · · · ·	¢		Φ	/ NI	
\$ SMortgage Balance Years Left Mortgage	 e Payment V	/alue		/ N n Mortgage	
My goal is to protect this loan 10% to 100%, even if it's only \$10,000 and put Tax Free \$\$ in the hands for your loved ones.					
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Would loss of either person's income make monthly mortgage	e payments difficult o	or impact ei	ther person? Y / N		
Are you doing anything to aggressively pay the mortgage off e	early now? Y / N	N	If NO, would you like to? Y / N		
Medical Information					
	Y / N			Y / N	
Medication / Dosage / Frequency	Hospitalized 2 Yrs	Medicat	ion / Dosage / Frequency	Hospitalized 2 Yrs	
Medication / Dosage / Frequency		Medicat	ion / Dosage / Frequency		
Notes:		Notes:			
Current Life Insurance					
Does client(s) h	have full understand				
	_			_	
Company / Amount / Account#	Inc Repl	Compar	y / Amount / Account#	Inc Repl	
Anything Else That Acts Like Life Insurance? Y / N	Yrs.	Anythin	g Else That Acts Like Life Insurance? Y / N	Yrs.	
Notes:		Notes:			
Notes.		Notes.			
(Med Sup / 401K / Annuity / TSP / CD / Savings) If YES, Possible Annuity/Med Sup. If NO, possible Indexed Universal Life Policy.					
Some rely on "Income Replacement" Insurance to cover the Mortgage, Debts and Income. We are glad that's what you don't want to.					
Protection Options					
4)					
1)		1)			
2)		2)			