

OUR CARRIERS



WHAT WE DO



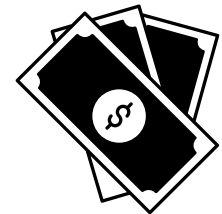
MORTGAGE PROTECTION

Do you have a plan to pay your mortgage in the even of your death? Don't lose your family's most valuable asset due to poor planning.



LIFE INSURANCE

How much coverage is enough? Make sure your family is protected with enough coverage to provide for them when you are gone.



FUTURE INCOME PLANNING

Are you concerned with market volatility? There is a little known secret to keep your money safe during market corrections.

Date: _____

THREE OBJECTIVES | Affordable • Comfortable • See If You Qualify

Type of coverage **burial** or **cremation**? Are you aware of the costs? Y / N

Mortgage/Rent: Mortgage Term: 15 • 20 • 30

House Value: Monthly Payment:

Equity: Do you pay extra toward the mortgage to pay off the loan early? Y / N

How much money are you saving every month?

Name: _____ Age: _____ Occupation: _____ Monthly Income: _____ Medications: _____ Smoker: Y / N Hospitalizations or Surgeries:	Name: _____ Age: _____ Occupation: _____ Monthly Income: _____ Medications: _____ Smoker: Y / N Hospitalizations or Surgeries:
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Medical Conditions: Heart Attacks/ Congestive Heart Failure/ Stroke / TIA /Blood Clots /Cancer /Stents / Diabetes (Pills vs Insulin) / Neuropathy / HBP / Autoimmune Diseases / Asthma / COPD /Oxygen Tank / Thyroid / Anxiety / Depression / Kidney or Liver Disease / Dementia / Mood Disorders: schizophrenic or bi-polar / DUIs or Felonies?

Height: _____ Weight: _____ Height: _____ Weight: _____

Q: Do you have anything that acts like life insurance that would transfer to your family when you die?

401k • IRA • STOCKS • BONDS • MUTUAL FUNDS • C.D.'S • SIGNIFICANT SAVINGS

Do you have life insurance? Y / N How much? _____ Carrier?

Beneficiary: Do you have a will? Y / N Last updated?

If you had no insurance, what would it look like for your beneficiary?

What most people do is they want to put something in place, so that if you died or became disabled yesterday, money would come in the family today to take care of your bills and expenses.

We can't decide right now but if you were to qualify, which option would be the most comfortable for you?



Client Profile

Reminders:

- take a picture of their ID for your records
- describe benefits BEFORE showing numbers

Name:

Driver's License #:

DOB:

SSN:

Birth State:

Email:

Phone:

Address (1):

Address (2):

Carrier:

Product:

Benefit:

Monthly Premium:

Effective Date:

RT#:

CH#:

Employer (If any):

Mothers Maiden Name:

Beneficiary(s):

Policy#:

Notes:

Signature:

Signature:

