Preventable Realities

To achieve your lifestyle and retirement goals

Client Information

First Name _____ Last Name _____ Birth Date _____/_____/_____

Spouse _____ Last Name _____ Birth Date _____/_____/_____

Address _____ City _____ State ____ Zip _____

Employer (Retired □) _____ Spouse Employer (Retired □) _____

Email _____ Phone ____-____-_____ Alt Phone ____-____-_____

Children	Age	City	Children	Age	City
_____	____	_____	_____	____	_____
_____	____	_____	_____	____	_____

Ages of Grandchildren _____

Appointment Source / Reason For Visit _____

Agent Name _____

For Agent Use Only. This document is not intended for public distribution.

The information in this document contains sensitive Personally Identifiable Information (PII) and Protected Health Information (PHI). This form must be shredded or securely locked in a file cabinet or secured computer. The information contained in this document will be used only for gathering information during the sales process and will not be released or sold.

Medical Expenses

1. What type of health insurance do you have now? Please provide details below.

	Applicant	Spouse
Company		
Monthly Premium		
Policy Type	◻ Major Medical ◻ Group ◻ VA ◻ Tri-Care ◻ Medicare ◻ MA ◻ MAPD ◻ Med Supp ◻ Medicaid ◻ None ◻ Other _____	◻ Major Medical ◻ Group ◻ VA ◻ Tri-Care ◻ Medicare ◻ MA ◻ MAPD ◻ Med Supp ◻ Medicaid ◻ None ◻ Other _____
Plan Type	◻ HMO ◻ PPO	◻ HMO ◻ PPO
Prescription Benefits	◻ Yes ◻ No	◻ Yes ◻ No
Supplemental Benefits	◻ Dental ◻ Vision ◻ Indemnity	◻ Dental ◻ Vision ◻ Indemnity
Favorite Benefits?		
Change Anything?		
Health History (3 years)		

2. Do you know anyone who has had ◻ Cancer, ◻ Heart Attack or ◻ Stroke?
3. How did it emotionally and financially impact the family? _____

Estate Planning & Survivor Legacy

1. Do you own life insurance? ◻ Yes ◻ No If yes, please provide details below.

	Applicant		Spouse	
	Policy 1	Policy 2	Policy 1	Policy 2
Face Amount				
Company				
Premium				
Policy Type	◻ WL ◻ UL ◻ IUL ◻ T	◻ WL ◻ UL ◻ IUL ◻ T	◻ WL ◻ UL ◻ IUL ◻ T	◻ WL ◻ UL ◻ IUL ◻ T
Beneficiary Type	◻ Per Stirpes ◻ Per Capita	◻ Per Stirpes ◻ Per Capita	◻ Per Stirpes ◻ Per Capita	◻ Per Stirpes ◻ Per Capita
Cash Value				
Surrender Value				
Last Reviewed	____ /____ /_____	____ /____ /_____	____ /____ /_____	____ /____ /_____

Retirement & Survivor Income

1. What are your current sources of (regular) income on a monthly basis?

	SS	Pension*	Employment	Real Estate	Investment	Other	Total
Applicant							
Spouse							

2. Estimated value of Liquid Assets – *Easily converts into cash with little or no uncertainty as to value*

	Checking	Savings	Money Market	Stocks/Bonds	Mutual Funds	CD's	
Applicant							Rate:
Spouse							Rate:

3. Do you own any IRA, SEP, 401(k), 401(a), 403(b) or 457(b) plans? ◻ Yes ◻ No If yes, please provide details below.

	Plan 1: _____	Plan 2: _____	Plan 3: _____
Applicant			
Spouse			