



## Basic Information

Name:

Address:

Contact Number:

Best Time To Call:

Email Address:

Appointment Date:

Date of Birth:

Type of Insurance:

Monthly Premium:

Face Amount:

### Challenges in Life

Are you concerned about lack of savings and investment to prepare for retirement?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you prepared for your children's college education?

YES \_\_\_\_\_ NO \_\_\_\_\_

Interested in:

Are you concerned with not having protection in case of untimely accident, disability, or death?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are concern about additional financial responsibilities such as aging parents and medical concerns?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are you interested in finding more about "TAX FREE" retirement?

YES \_\_\_\_\_ NO \_\_\_\_\_

Deadline:

### INTEREST

#### INTEREST

LIFE INSURANCE POLICY:

Term \_\_\_\_\_ Permanent \_\_\_\_\_

RETIREMENT PLAN:

401K \_\_\_\_\_ IRA \_\_\_\_\_ OTHER \_\_\_\_\_

ANNUITIES:

YES \_\_\_\_\_ NO \_\_\_\_\_

TAX FREE RETIREMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

BUSINESS PENSION PLAN: YES \_\_\_\_\_ NO \_\_\_\_\_

LIFE SETTLEMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

HEALTH INSURANCE AND WELLNESS: YES \_\_\_\_\_ NO \_\_\_\_\_

PREPARED BY/AGENT:

DATE:

PHONE

EMAIL