
Client's Name

Client's Email

Client's Phone

CLIENT'S INFORMATION

Name

Date of Birth

Male or Female?

Marital Status

Spouse's Name

Spouses Date of Birth

PROTECTION DETAILS

Desired Premium Frequency for Coverage: Single Pay Short Pay (10-20 Years) Life Pay (monthly or annual)

Premium Amount Available for Single Pay \$_____ Premium Amount Available for Scheduled or Short Pay \$_____

Premium Amount Available for a monthly or annual payment amount \$_____

Monthly LTC benefit client wishes to secure \$_____ Length of LTC coverage desired_____

CURRENT INVESTMENTS AND COVERAGE

Are there any values in Annuities or Life Insurance contracts that could be 1035 exchanged to purchase coverage? Y or N

Are these values outside of your plan for retirement income? Y or N

Do you have a Health Savings Account? Y or N Are you an owner of a business? Y or N

What is the current cash value and cost basis for any Annuities or Life Insurance being considered for 1035?

Life Insurance \$_____ Annuity \$_____

Do you have qualified investments? Y or N Will 100% of RMDs be needed for income? Y or N

What is the total amount of funds in CDs, savings accounts or other non-qualified liquid assets?_____

List any qualified funds you have that is outside your need for income. Indicate amount and type of account held (401k, IRA, 403B)

Please provide a medical summary of yourself and your spouse (if applicable) including diagnosis, medications, build or other underwriting factors:
