Leadsource:				Date:	
Personal Information					
Clients Name			Birthplace		
Date of Birth		Age:	Citizenship		
Divers License#			Company Name		
Phone:			Occupation/ Retired		
Email:			Monthly Income		
Home Address:					

Mortgage Protection / Home Owner: Goal is to keep banks away from taking away your home.					
Mortgage Payment	House Value:	Mortgage Term	Home Equity	Loan Balance	Monthly Expenses

Current Investments: Is your money keeping up with inflation? Is your money safe from market risk?					
	Annuity	401k / IRAs /403b	Pensions	Stocks	Emergency Savings
Amount	$		$	$	
Account #					
Company Name:					

Do you have coverage? Have you ever been declined?					
Company Name	Policy #	Policy Owner	Death Benefit	Premium	Product type

Health Questions: Do your currently have or currentyl being treated for the following					
☐ Heart Conditions	☐ Parkisons	☐ Cancers	☐ Memory loss	☐ Smoker	☐ DUI/Felonies
☐ Liver Conditions	☐ Hepatitis A/B/C	☐ HIV/AIDS	☐ Perform Daily Activities	☐ Oxygen	☐ Anxiety/Depression
☐ Lung Conditions	☐ Stroke	☐ COPD	☐ Amputations	☐ Wheelchair	☐ Shizophrenia/Bipolar
☐ Kidney Conditions	☐ Transplants	☐ Diabetic	☐ Neuropathology	☐ Nursing Home	☐ Huntington Disease
Height :		Weight :		Last Visit To DR:	

Notes On Findings:

Medications:	Dosage	Treats	Dr. Name & Address

Based on medical questions and current prescriptions these are your following options:		
Company:	Company:	Company:
Death Benefit:	Death Benefit	Death Benefit
Premium:	Premium:	Premium:
Riders:	Riders:	Riders:

In order to run a medical background check I need your permission to do so.			
Social Security #		Moms Maiden Name:	

Insurance application that you will be submitting					
Company	Product	Death Benefit	Premium	Approved	

Who do you bank with, When application is approved what day of the month do you want your payment to start?			
Name of Bank	Routing Number	Account Number: Checking /Savings -(*Debt Card If Accepted*)	
Withdrawl Date:		*Exp date:*	*Security Code:*

Who will we be delivering the check too? Beneficiary			
Full Name:		Relation:	
Date of birth	Email:	Phone:	
Address:		Allocation %	
Full Name:		Relation:	
Date of birth	Email:	Phone:	
Address:		Allocation %	