

Client's Information for Life Insurance

1	Insured/ Client Name	Birthdate		Social Security #	
	Phone Number	Gender		Height	
	Address			Weight	
	Years lived here	Monthly Income		Networth	
	Driver License or ID #	License State		Expired Date	
	Smoke? Quit Date?	US Citizen		Green Card #	
	Email:	Marital Status		Birth State/ Ctry	
	Spouse Full Name	Spouse Social #		Spouse License #	
	Spouse Email:			Birthdate	
2	Employer Name			Start Date	
	Work Address			Phone Number	
	Job Title		Job Duties		
3	Doctor Name		Clinic Name		
	Address			Phone	
	Last Date Visit		Reasons		
4	Medications Name	Dosage Mg	Years Taken?	Reasons (Diabetes, Stroke, Gout?)	Pills per day?
5	Do you have: disability and receiving SSI?		Diabetes, heart attack, stroke, cholesterol		
	Monthly SSI Income		Do you use insulin? Units per day?		
6	Do you have any life insurance already?	Issued Date	Policy Number	How Much?	Pending or Inforce
	Company Name				
	Company Name				
7	Primary Beneficiary	Birthdate		Social Security #	
	Email:	Percentage		Relationship	
	Address			Phone Number	
8	Primary Beneficiary	Birthdate		Social Security #	
	Email:	Percentage		Relationship	
	Address			Phone Number	
9	Contingent Benef.	Birthdate		Social Security #	
	Email:	Percentage		Relationship	
	Address			Phone Number	
10	Contingent Benef.	Birthdate		Social Security #	
	Email:	Percentage		Relationship	
	Address			Phone Number	
11	Owner Full Name	Birthdate		Social Security #	
	Phone Number	Gender		Relationship	
	Address			Email:	
	Years lived here	Net Worth		Monthly Income	
	Driver License or ID #	Expired Date		Spouse Name	
	Birth State/Country	US Citizen?		Spouse Social #	
12	Bank Name	Routing #		Bank Account #	
	Bank Address	Bank Phone		Draft Day 1 - 28	
13	Additional Beneficiary, Meds, Children Rider, etc. Children Name, SS#, Birthdate, Gender, Height & Weight?				