

Client Suitability Form

Objectives:

- Affordable/Comfortable
- · Policy Makes Sense
- Qualify
- Request Approval

Need:

- No Burial/Final Expense Coverage
- Need More Life Insurance
- Pay Off Large Debt like Mortgage
- Leave Behind Money for Legacy

Client Name:		D.O.B/_	/ Age:
Phone Number:	e-mail: _		
Address:			
SSN:	Height	Weight	Smoker Y / N
Beneficiary:	D.O.B	//	Relationship to Client
Address:	Phone Number:		
Financial Inventory:			
Retired / Employed:	Social Security / Pension / Other Income:		
Total Monthly Income:		Rent / Mortgage	e:
Mortgage Balance	Home Value	Home Equity	Years Left on Loan
Misc. Monthly Bills:	Car Payments	Insurance	Cable / Internet
Streaming (Netflix)	Cell Phone Utilities (Gas/Water/Electric)		
Childcare	_Groceries Dini	ng Out	Other Bills:
Total Outgoing Monthly Expenses: Left Over Income:			
Savings?	per month Existing Life	Insurance:	Carrier
Do you have anything that Acts like Life Insurance? Something you can pass on after you die:			
Your house is protected, but there retirement is more valuable than you use an FIA - fixed indexed and 1. Eliminates all loss - you'll sleep 2. Indirectly invested when the materials are used to create a life time.	e's a .2% chance you'll have a house fire, y your house or your car but there's a 27% conuity. It's a guaranteed contract that is stated better at night because you'll only participarket goes up you participate in the gains, ne Paycheck for you and your spouse JL to supplement your retirement? We spec	rou protect your car but there hance the market can go dow e run & does these 3 things! bate in market gains much higher yield rather than	Is your retirement Protected? 's a less than 5% chance you'll total your car. Your and it's not protected! To secure your retirement bonds and money market accounts as and helping you prepare for retirement. Let's
Burial / Cremation	Bank /	Credit Union /	SSI Direct Express

Health Inventory:
Heart Attack / Stroke / Cardiomyopathy / Irregular Heart Beat / Arrhythmia / Congestive Heart Failure / Stroke / Bypass Surgery / Stents / TIA / Angina / Angioplasty / Pace Maker / Heart Valve Disorder / Aneurysm / Cancer / Meds for Chronic Pain / Anxiety / Depression / Diabetes - Pills / Insulin / Diabetic Complications - Neuropathy / Diabetic Coma / Insulin Shock / Amputation / Asthma / COPD / Oxygen Assisted Breathing / Sleep Apnea / Hepatitis / Liver or Kidney Disorder / Cirrhosis / Alzheimers / Dementia / ALS / Organ Transplant / Dialysis / Terminal Illness / HIV or AIDS / Wheel Chair Confined / Diagnosed w/ COVID in last 3 months
Medications (Name, First Prescribed, Still Taking?)
Hospitalizations / Surgeries in last 5 Years
Coverage Options:
I accept / decline the Insurance options that were presented to me. Date:
Print Name: Signature: