

Agent:		THE R	Date:	_				
Client Worksheet								
	Client Info	ormatio	n					
	Onent init	ormatio						
Client's Name			Spouse's Name	Age				
\$	J	, -	\$	J				
Monthly Income / Income Sources			Monthly Income / Income Sources					
1)			1)					
	Total In							
	Total In	icome	_2)					
Mortgage Information								
\$	5	\$	\$ Y	/ N				
Mortgage Balance Years Left Mortga	age Payment	Value		n Mortgage				
My goal is to protect this loan 10% to 100	%, even if it's only \$	\$10,000 an	d put Tax Free \$\$ in the hands for your loved ones.					
Would loss of either person's income make monthly mortga	age pavments difficult	or impact	either person? Y / N					
Are you doing anything to aggressively pay the mortgage o			If NO, would you like to? Y / N					
	Madiaalla	.fo						
	Medical In	normatio	on					
Medication / Dosage / Frequency	Y / N Hospitalized	Medica	ation / Dosage / Frequency	Y / N Hospitalized				
Medication / Dosage / Frequency	2 Yrs	Medica	month bosage / Frequency	2 Yrs				
Medication / Dosage / Frequency		Medica	ation / Dosage / Frequency					
Notes:		Notes:						
			Insulin) / Pain Meds / HBP / Cholesterol Asthma ty & Depression / Alzheimers / Dementia					
	Current Life	e Insura	nce					
Does client(s	s) have full understand	aing of typ	es of Life Insurance? Y / N					
Company / Amount / Account#		Compa	nny / Amount / Account#	_				
	Inc Repl Yrs.			Inc Repl Yrs.				
Anything Else That Acts Like Life Insurance? Y / N	l	Anythi	ng Else That Acts Like Life Insurance? Y / N					
Notes:		Notes:						
	-		y/Med Sup. If NO, possible Indexed Universal Life	•				
Some rely on "Income Replacement" Insu	urance to cover the Mo	ortgage, D	ebts and Income. We are glad that's what you don't w	ant to.				
Protection Options - From a bu	udget & Protection	on stand	lpoint, which option will work for you?					
1)		1)						
'/								
2)		2)						
3)		3)						