

<b>Client 1</b>		<b>Client 2</b>		<b>Meds 1</b>		<b>Meds 2</b>	
Name:		Name:		Medications:		Medications:	
DOB:		DOB:		Health Conditions:		Health Conditions:	
Address:				Surgeries:		Surgeries:	
Phone #:				Physician Name:		Physician Name:	
Email:				Physician Address:		Physician Address:	
SSN:		SSN:		Physician Phone #		Physician Phone #	
DI/ID#:		DI/ID#:					
Height:      Weight:		Height:      Weight:					
Age:		Age:					
Smoker    Y/N		Smoker    Y/N					
State of Birth:		State of Birth:					
Mother's Maiden Name:							

Beneficiary Names:		Bank Name:	
Beneficiary DOB:		Bank Routing #:	
Beneficiary Phone #:		Bank Account #:	
Cont. Beneficiary Names:		Card #:	
Cont. Beneficiary DOB:		CVC:	
Cont. Beneficiary Phone #:		EXP. Date:	
		Initial Draft Date:	
		Reoccurring Draft Date:	

<b>Option 1</b>		<b>Option 2</b>		<b>Option 1</b>		<b>Option 2</b>	
Company:		Company:		Company:		Company:	
Policy Name:		Policy Name:		Policy Name:		Policy Name:	
Premium:		Premium:		Premium:		Premium:	
Face Amount:		Face Amount:		Face Amount:		Face Amount:	

Mortgage/Rent (MO):		MTG Term: 15 / 20 / 30		Company:			
Refinance or New Purchase				Policy name:			
Loan Amount:		House Value:		Premium:		AP:	
Equity:				Policy #:			
Do have life insurance? Y/N – Private / Work				Policy Submit Date:			
Are you more of a Spender or a Saver?				Policy Effective Date:			
Something that acts like life insurance?				Coverage Amount:			
- 401k – IRA – Roth IRA – Stocks – Bonds – Mutual Funds				Billing Frequency:			
- Pension Plan – CD – Annuities – Significant Savings				Lead Type:			
Current Employer:				Dialer:			
Is it protected from market risk?				Policy Type:		Term How Long:	
Current Income and Source:						Whole Life / Final Expense	
- Employed – Self Employed – Social Security – Disability – Retirement –						Universal Life	
Client 1: \$		Client 2: \$					

<b>Existing Coverage</b>				<b>Existing Coverage</b>			
Policy Type:	Term yrs left:	Whole Life	Universal life	Policy Type:	Term yrs left:	Whole Life	Universal life
Company:		Policy #:		Company:		Policy #:	
Premium:		Face Amount:		Premium:		Face Amount:	
Exp. Date:				Exp. Date:			
Fathers Age:		Is he alive:	Y/N	Fathers Age:		Is he alive:	Y/N
Mothers Age:		Is she alive:	Y/N	Mothers Age:		Is she alive:	Y/N

**WHY?**

Date: \_\_\_\_\_ Comp: \_\_\_\_\_

Type: **CLIENT PROFILE** Source: \_\_\_\_\_

Follow Up 1: \_\_\_\_\_ Follow Up 2: \_\_\_\_\_ Close Date: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_ M/Premium \_\_\_\_\_ 1st Due Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age (Closest): \_\_\_\_\_

P# \_\_\_\_\_ Spouse: \_\_\_\_\_

Email: \_\_\_\_\_ Smoke: Yes / No

Driving?\_\_ Suspended?\_\_ Record?\_\_ Bankruptcy?\_\_ Treatment?\_\_  
Medications: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Heart | Stroke | TIA | Cancer | Diabetes | Mental | Pain Meds | HBP | Cholesterol | Asthma | COPD |  
Thyroid | Kidney | Liver | Anxiety/Depression | Alzheimer | Dementia

Goal/Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
"What do you want out of the \_\_\_\_\_"

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
## \_\_\_\_\_

DL# \_\_\_\_\_

Is. State: \_\_\_\_\_ Is. Date: \_\_\_\_\_ Exp: \_\_\_\_\_

**Banking Info**

Name: \_\_\_\_\_

Routing: \_\_\_\_\_

Account: \_\_\_\_\_

Current Life Insurance? N / Y Work &/or Private

Golden Question: What do you have that acts like insurance; 401K, Roth, TSP?

401K: \_\_\_\_\_ W/P Roth: \_\_\_\_\_ W/P

Is your retirement protected? Y / N

Silver Question, how much "Liquid" savings:

Current Debt: \_\_\_\_\_ Home: \_\_\_\_\_

Retire Timeline:

Other:

Monthly Income: \_\_\_\_\_ Monthly Contribution: \_\_\_\_\_

What's the plan/Options:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**Wrap Up / Next Steps**

\_\_\_ Send TEXT / E- Congratulations?

\_\_\_ Agent for life

\_\_\_ Referrals? \_\_\_\_\_

\_\_\_ [doyourownwill.com](http://doyourownwill.com) (check if needed)