



## WHAT WE DO:



### MORTGAGE PROTECTION

Do you have a plan to pay your mortgage in the event of your death? Don't lose your family's most valuable asset due to poor planning.



### LIFE INSURANCE

How much coverage is enough? Make sure your family is protected with enough coverage to provide for them when you are gone.



### FUTURE INCOME PLANNING

Are you concerned with market volatility? There is a little known secret to keep your money safe during market corrections.

**RENT / MORTGAGE INFO**

Loan Balance:

Home Value:

Equity:

**Monthly Payments:**

Loan / Title / Trust

Purchase , Refinance , or Lease

Term: 15 20 30 Other \_\_\_\_\_

Interest Rate: \_\_\_\_\_

Years of Residence: \_\_\_\_\_

Extra Payments: Yes or No \_\_\_\_\_

**CLIENT PROFILE**

Name:

DOB: Smoker: Y / N

Occupation:

Monthly Net Income:

Life Insurance

401K/IRA/Stock/Managed Accts:

**CLIENT PROFILE**

Name:

DOB: Smoker: Y / N

Occupation:

Monthly Net Income:

Life Insurance

401K/IRA/Stock/Managed Accts:

Heart Attack / Stroke / Cardiomyopathy / CHF / Defibrillator / Stents / TIA / Angina / Angioplasty / Bypass  
 Pacemaker / Heart Valve Disorder / Aneurysm / Cancer / Pain Meds / Anxiety & Depression / Cirrhosis  
 Diabetes - Pills / Insulin / Neuropathy / Diabetic Coma / Insulin Shock / Amputation  
 Asthma / COPD / Oxygen Assisted Breathing / Sleep Apnea / Hepatitis / Liver or Kidney Disease  
 Confined to Wheel Chair / Alzheimers / Dementia / ALS / Organ Transplant / Dialysis / Terminal Illness

**MEDICAL UNDERWRITING**

Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

DOB:

Relationship to Insured:

**MEDICAL UNDERWRITING**

Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

DOB:

Relationship to Insured:



## Financial Inventory

Monthly Rent / PMITI: \_\_\_\_\_

Utilities (Gas/H2O/Elec): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Tv/Internet/Phone: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Food: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Charity/Other: \_\_\_\_\_

**Total** Cost of Living: \_\_\_\_\_

## Notes

Monthly Income  
- Cost of Living

**Disposable Income=** \_\_\_\_\_

I Accept / decline my protection options.

X \_\_\_\_\_

**WHO ARE YOU LEAVING YOUR CHECK TO?**

**(BENEFICIARY)** \_\_\_\_\_

Choose the State Regulated Option that you **Like**, can **Afford**, and **Qualify** for.