

OUR CARRIERS:

AMERICO

CVS Health | **aetna**

John Hancock

Vitality



Mutual of Omaha



Global Atlantic
FINANCIAL GROUP



Foresters
Financial



National Life
Group



TRANSAMERICA

PROSPERITY
LIFE GROUP



Gerber

ATHENE



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.

CLIENT SUITABILITY SHEET

Date of Application: _____

- 1) When it comes to your request, what is **your biggest concern**? What are you worried about?

- 2) Let's say you passed away last night. What do you **currently have in place** to help your family?

- 3) Who will be picking up the pieces when you pass away (**Beneficiary**)?

CLIENT PROFILE

Full Name: _____ Age: _____

Date of Birth: _____

Retired, Disability, Employed: _____

Monthly Net Income: _____

Bank, Credit Union, or Direct Express?

Email: _____

MORTGAGE PROTECTION

Date of Purchase: _____

Loan Balance: _____

Term: _____ Interest Rate %: _____

Home Value: _____

Equity: _____

Home in a Trust? _____

Make Extra Payments? _____

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 / HIV / Asthma / COPD / Oxygen Assisted Breathing / Sleep Apnea / Hepatitis / Liver or Kidney Disease / Confined to Wheel Chair / Alzheimer's / Dementia / ALS / Organ Transplant / Dialysis / Terminal Illness

MEDICAL UNDERWRITING

Medications, Hospitalizations, and Surgeries

MEDICAL UNDERWRITING

(Continued)

Tobacco? _____ Gender: _____

Height: _____ Weight: _____

Name of Beneficiary:

D.O.B.

Relationship to Insured:

Request for Coverage Approved

Application Denied

Financial Inventory (-#s)

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: _____

Monthly Net Income _____

■ Total Cost of Living _____

= Disposable Income _____

PLATINUM (BEST)

SILVER (GOOD)

GOLD (BETTER)

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.

Date of Application: _____

Client Survey:	
Full Name:	
DOB:	
Address:	
Marital Status:	
Gender:	
Social Security:	
Phone:	
Email:	
City & ST Place of Birth:	
Employment / Occupation:	
Driver License:	
Height/ Weight:	
Tobacco:	
Mother's Maiden Name:	
Beneficiary Full Name:	
DOB:	
Relationship:	
Bank Name (Routing):	
Account Number:	