



LIFE INSURANCE GATHERING SHEET

Agent Name: Date:

First: Last: M F Phone Number:

DOB: Address: City: State/Province:

Zip/Postal Code: Email Address: Height: Weight:

Primary SSN: Smoker: Income:

Spouse: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Child: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Child: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Child: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Child: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Child: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Child: _____ DOB: _____ Height: _____ Weight: _____ SSN: _____ M F

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Medication/Dose: _____ Diagnosis: _____ Doctor: _____

Health Insurance & Premium: _____

Dental: _____ Vision: _____ Supplementals: _____

Do you currently have any Life Insurance?: (Type/Amount/Remaining Term Length):

Do you have a Retirement Account? (401k/IRA): _____

Are you currently funding your Retirement Account?: _____

Suggested Questions to Ask If:

Self Emp: Do you have a plan for retirement? Is outliving what you have a concern?

One Income: If something were to happen to you or your spouse, how would your loved ones manage financially?

Retiree's: How confident are you that your retirement savings will last through your lifetime?

Left Job: Are you comfortable letting your money sit and rot on the vine dealing with losses due to market fluctuations, or would you prefer to take control of it and allow it to grow with little to no risk?

Parents: Would you like to prepare your children for their futures today?

Debt: \$ _____

Income: \$ _____

Mortgage: \$ _____ Length: _____ Years: _____

Education: \$ _____

Notes:

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