



**FAMILY FIRST LIFE**  
THE ROGUE IMO

Agent: \_\_\_\_\_

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

### Client Worksheet

#### Client Information (email: \_\_\_\_\_)

Client Name	DOB	Age	Spouse's Name	DOB	Age
Address		City	State	Zip	
Child / Age	Child / Age	Child / Age	Child / Age	Child / Age	
\$			\$		
Monthly Income / Income Sources			Monthly Income / Income Sources		

#### Medical Information

Medical Conditions (Please List):	Smoker? Y / N	Medical Conditions (Please List):	Smoker? Y / N
_____		_____	
_____		_____	
Medications:		Medications:	
_____		_____	
_____		_____	

#### Mortgage Information

\$	\$		\$	\$	
Mortgage Balance	Mortgage Payment	Mortgage Term	Value	Equity	Mortgage Date

#### Current Life Insurance

Company	\$		Company	\$	
	Death Benefit	Benefactor		Death Benefit	Benefactor
Alternative Coverage (401K, TSP, CDs, Cash, Etc.)	\$		Alternative Coverage (401K, TSP, CDs, Cash, Etc.)	\$	
	Amount			Amount	

#### Medicare Information

Do you have a Medicare Supplement Plan? Y / N			Do you have a Medicare Supplement Plan? Y / N		
Carrier	Plan	\$	Carrier	Plan	\$
		Premium			Premium
Do you have Medicare Advantage? Y / N			Do you have Medicare Advantage? Y / N		
Carrier	\$		Carrier	\$	
	Premium			Premium	

#### Estate Planning

Do you have a Will? Y / N Last Updated: \_\_\_\_\_

Do you have a Will? Y / N Last Updated: \_\_\_\_\_