## Client Suitability Form

## **Objectives:**

- Affordable/Comfortable
- · Policy Makes Sense
- Qualify
- Request Approval

## Need:

- No Burial/Final Expense Coverage
- Need More Life Insurance
- Pay Off Large Debt like Mortgage
- Leave Behind Money for Legacy

Client Name:			D.O.B	/	/	Age:	
Phone Number:	e	-mail: ˌ					
Address:							
SSN:	Height		Weight		Smoker Y / N		
Beneficiary:	[	D.O.B.	/	/	Relatio to Clie	nship nt	
Address:	Phone Number:						
Financial Inventory:							
Retired / Employed:	Social Security / Pension / Other Income:						
Total Monthly Income:	Rent / Mortgage:						
Mortgage Balance	Home Value		Home Equity		\	Years Left on Loan	
Misc. Monthly Bills:	Car Payments		InsuranceCable / I		/ Internet		
Streaming (Netflix)	Cell Phone Utilities (			ies (Gas/	Gas/Water/Electric)		
Childcare	_Groceries	Din	ning Out Other Bills:				
Total Outgoing Monthly Expenses: Left Over Income:							
Savings? per month Existing Life			Insurance:Carrier				
Do you have anything	that Acts like Life Insur	ance?	Something	you can	pass on afte	er you die:	
Your house is protected, but ther retirement is more valuable than we use an FIA - fixed indexed an 1. Eliminates all loss - you'll sleep 2. Indirectly invested when the m 3. Can be used to create a life tire.	your house or your car but there's nuity. It's a guaranteed contract the better at night because you'll or narket goes up you participate in the Paycheck for you and your spout.	ouse fire, you a 27% of a 27%	you protect your or chance the market se run & does thes pate in market gai much higher yield	ar but there can go dow e 3 things! ns I rather than	's a less than 5% in and it's not properties of the properties of	6 chance you'll total your car. Your otected! To secure your retirement ney market accounts	
Burial / Cremation	Ban	k /	Credit Unio	on /	SSI Direct	Express	

Health Inventory:
Heart Attack / Stroke / Cardiomyopathy / Irregular Heart Beat / Arrhythmia / Congestive Heart Failure / Stroke / Bypass Surgery / Stents / TIA / Angina / Angioplasty / Pace Maker / Heart Valve Disorder / Aneurysm / Cancer / Meds for Chronic Pain / Anxiety / Depression / Diabetes - Pills / Insulin / Diabetic Complications - Neuropathy / Diabetic Coma / Insulin Shock / Amputation / Asthma / COPD / Oxygen Assisted Breathing / Sleep Apnea / Hepatitis / Liver or Kidney Disorder / Cirrhosis / Alzheimers / Dementia / ALS / Organ Transplant / Dialysis / Terminal Illness / HIV or AIDS / Wheel Chair Confined / Diagnosed w/ COVID in last 3 months
Medications (Name, First Prescribed, Still Taking?)
Hospitalizations / Surgeries in last 5 Years
Coverage Options:
I accept / decline the Insurance options that were presented to me. Date:
Print Name: Signature: