

Client

Name_____

Address_____

City_____ State_____ Zip Code_____

Phone_____ Email_____

Employer_____ Title_____

Annual Gross Income \$_____ Martial Status_____

Client 2

Name_____

Address_____

City_____ State_____ Zip Code_____

Phone_____ Email_____

Employer_____ Title_____

Annual Gross Income \$_____ Martial Status_____

Dependent Children

Name_____ DOB_____ Sex_____

Relation to Client_____

Name_____ DOB_____ Sex_____

Relation to Client_____

Name_____ DOB_____ Sex_____

Relation to Client_____

Name_____ DOB_____ Sex_____

Relation to Client_____

Name_____ DOB_____ Sex_____

Relation to Client_____

Name_____ DOB_____ Sex_____

Relation to Client_____

Name_____ DOB_____ Sex_____

Relation to Client_____

ABOUT YOU

At what age do you plan to retire? _____

In today's dollars, how much income on a monthly basis would you like during retirement? \$ _____

For how many years? _____

Do you have a will? _____ Last updated? _____

Do you have a trust? _____ If yes what kind? _____

Purpose of trust? _____

Have you reviewed your finances with a financial professional? _____

Do you have an established budget? _____

GOALS

	Short-Term	Mid-Term	Long-Term
Reduce Debt/Pay Off Mortgage	_____	_____	_____
Maximize Retirement Accounts	_____	_____	_____
Achieve Financial Independence	_____	_____	_____
Maximize Tax Advantage	_____	_____	_____
Fund College	_____	_____	_____
Buy New Home/Mortgage Purchase	_____	_____	_____
Own a Business	_____	_____	_____
Explore Investment Options	_____	_____	_____
Sell Your Home	_____	_____	_____
Other Goals	_____	_____	_____
Other Goals	_____	_____	_____
Other Goals	_____	_____	_____

EMERGENCY FUND

Number of months to provide for Emergency Fund _____

How much do you need monthly in case of an emergency? _____

How much do you currently have dedicated to your Emergency Fund? _____

DEBT

Student Loans \$ _____

Car Loans \$ _____

Credit Cards \$ _____

Personal Loans \$ _____

Total Debt \$ _____

INCOME

Amount needed to replace your income \$ _____ /month # _____ years

Total Income Replacement Need \$ _____

MORTGAGE

What is your current balance on your home mortgage? 1. \$ _____ 2. \$ _____

Total Mortgage Balance Needed \$ _____

EDUCATION

Would you like to provide for your children's education? ALL _____ or PART _____

Approximate Cost for Education \$ _____

Amount Saved \$ _____

Total Education Fund Needed \$ _____

SUBTOTAL OF DIME NEED \$ _____

(Debt, Income, Mortgage, Education)

CURRENT INSURANCE

Type _____ Death Benefit _____ Premium _____ Carrier _____

Type _____ Death Benefit _____ Premium _____ Carrier _____

Current Death Benefit to Apply to Need \$ _____

ASSETS

Total

\$ _____ Savings
\$ _____ Money Market
\$ _____ CDs
\$ _____ Mutual Funds
\$ _____ Stocks
\$ _____ Bonds
\$ _____ Tax Deferred Annuities
\$ _____ Total

Total

\$ _____ IRAs
\$ _____ Roth IRAs
\$ _____ 401(k), 403(b) Pension Plan
\$ _____ 529 Plan
\$ _____ Life Insurance with Cash Value
\$ _____ Other
\$ _____ Total

BUSINESS

Do you have your own business? _____

If Yes, what type of business formation? _____

If Yes, what type of company is your business? _____

Do you have W2 employees? _____

If Yes, How many? _____

Do you have 1099 contractors? _____

If Yes how many? _____

Are you interested in offering insurance benefits to your employees or contractors? _____

Are you interested in an opportunity to become a licensed insurance agent/producer? _____

ADDITIONAL INFORMATION REQUEST: (Please place a check mark by all the following topics that you would like to receive additional information about)

____ **Term Life Insurance-** A policy that pays out a death benefit to beneficiaries if the insured person dies during a set (Term) period, term length, usually 10–30 years. It's often the most affordable type of life insurance. The insured pays a set premium for the duration of the term and then there would be a drastic increase of premium if the insured choose to keep the current policy limit, or the insured can also choose to either decrease the limit or convert to permanent insurance based on financial need at the time of policy renewal.

____ **Universal Life Insurance-** A permanent life insurance policy that allows you to adjust your premiums and death benefit over time. Insureds can increase or decrease your death benefit based on financial situation. It also includes a cash value component that grows tax deferred. Cash value in your policy grows over time and can be used to pay premiums or borrowed against. In most cases, you can keep your policy in effect even if you stop paying premiums. The cash value grows tax-deferred and can be accessed income tax free. The flexibility of UL can make it easier to keep your policy in force if your earnings vary.

____ **Whole Life Insurance -** A permanent life insurance policy that provides coverage for your entire life. It's different from term life insurance, which only covers you for a set amount of time. Whole life insurance premiums are fixed and usually more expensive than term life insurance. A portion of each premium goes toward building cash value in a tax-deferred account at a fixed rate. When you die, your beneficiaries receive a death benefit from the policy. The death benefit in a whole life policy is guaranteed, regardless of how long you live.

Types of whole life insurance:

- Level payment: The most common type of whole life insurance, where premiums remain the same throughout the policy.
- Single premium: A one-time large premium that funds the policy for life.
- Limited payment: A limited number of premium payments over a set number of years.
- Modified whole life: Lower premiums in the first few years, and higher premiums in later years.

____ **Survivorship Life Insurance -** known as second-to-die life insurance, is a type of joint life insurance policy that pays out a death benefit when both policyholders pass away. Two people are covered under a single policy. The death benefit is only paid out after both policyholders have died. The policy is typically permanent, such as whole life or universal life. The survivor must continue to pay premiums to keep the policy in force. The beneficiaries receive the death benefit after the surviving policyholder dies. Can be less expensive than two separate permanent policies. Can be helpful in estate planning. Can help pay for estate taxes and other settlement costs. Can help ease the transition when a family-run business owner passes away. Married couples often purchase it, but the policyholders don't have to be married. It can also be purchased between business partners.

***The Difference Between Whole Life, Universal Life (UL), and Term: Whole life insurance has fixed premiums and benefits, while UL has flexible premiums and benefits. Term life insurance provides coverage for a set number of years, while UL provides lifetime coverage.**

____ **Supplemental Short Term Disability Insurance** - Helps with Financial Stress Caused by a Covered Injury.

____ **Supplemental Long Term Care Insurance (LTCI)**- helps pay for services that assist with daily activities when you have a chronic condition or disability. LTCI can cover services in your home, in an assisted living facility, or in a nursing home. What it covers: Help with bathing, dressing, eating, and using the bathroom. Supervision and reminders to take medicine. Home-delivered meals. Adult day health care and much more. You may not qualify if you are in poor health or already receiving long-term care services. It's important to understand the coverage and how benefits are paid before purchasing a policy.

____ **Supplemental Critical Illness Insurance** - Helps Pay for Medical Emergencies due to critical illnesses. Supplemental insurance plan that provides a cash payment to help cover medical expenses and other costs if you are diagnosed with a serious illness. It can be purchased through an employer, as a stand-alone policy, or as a rider on a life insurance policy. If you are diagnosed with a covered illness, you receive a one-time, tax-free payment. The payment is in addition to your health insurance. Heart attack, Stroke, Coronary bypass, Certain cancers, Organ transplants, End-stage renal failure, Multiple sclerosis, Parkinson's disease, and Alzheimer's disease and much more.

____ **Supplemental Dental Insurance**- Helps Pay For Routine Dental Care. It provides financial protection against unexpected dental expenses, such as routine checkups, cleanings, fillings, and more. Dental insurance typically works by covering a portion of the cost of dental services, with the insured person paying the rest. The coverage and costs may vary depending on the specific plan and the individual's needs.

____ **Supplemental Vision Insurance**- Help Pay for Routine Vision Costs. Covers eye care costs, such as routine exams and prescription glasses. It's different from health insurance, which covers eye injuries and diseases. Some plans require you to see an in-network provider, while others allow you to see any qualified optometrist or ophthalmologist. Some plans may have waiting periods or exclusions for pre-existing conditions.

____ **Supplemental Cancer Insurance**- Helps Pay for Cancer Treatment Costs. A provides financial assistance to individuals diagnosed with cancer. It helps cover the costs of cancer treatment, such as: Surgery, Chemotherapy, Radiation therapy, Diagnostic tests, and Hospital stays. Cancer insurance is typically a standalone policy that is separate from your regular health insurance. It may provide a lump sum payment upon diagnosis or cover a percentage of treatment costs. The specific coverage and benefits vary depending on the policy and the insurance provider.

____ **Supplemental Accidental Insurance**- Helps Pay for Accident Care and Recovery. A type of insurance that pays out a benefit if you are injured or die in an accident. It's designed to help cover the costs of medical treatment, lost income, and other expenses that may arise after an accident. Accident insurance can cover a variety of injuries, including broken bones, burns, concussions, dental injuries, and more. It can also cover medical expenses like hospital stays, emergency room care, diagnostic testing, and physical therapy. Accident insurance usually doesn't cover negligence, natural disasters, or acts of God. It may also have restrictions on payouts for risky activities.

____ **Supplemental Hospital insurance-** Hospitalization insurance or hospital indemnity insurance, is a type of supplemental health insurance that helps pay for hospital stays. It can help with the financial impact of a hospital stay, including deductibles, out-of-pocket expenses, and other costs. If you need to be hospitalized, you receive a cash benefit to help pay for your hospital stay. The amount you receive depends on your plan and the length of your stay. You can use the cash benefit for medical expenses, or for other costs like meals, travel, and childcare. It can supplement your existing health insurance coverage. It can help prepare you financially for unexpected situations.

____ **Sick Leave Insurance-** Provides cash benefits of up to \$1,500 per month. Coverage begins on the first day you are sick or injured and can't perform your normal work duties. Coverage can last up to six months, depending on the plan and the severity of your illness or injury. Coverage is available 24/7, 365 days a year. Coverage continues even if you change jobs.

_____ **College Fund-** A savings account that helps people pay for a beneficiary's college education. College funds can be tax-advantaged and offer investment options. Contributions: People can contribute money to the account. Investment options: The account's value depends on the investments chosen. Investment options: The account's value depends on the investments chosen. Tax benefits: Earnings on contributions may be tax-deferred, and withdrawals for qualified expenses may be tax-free.

- 529 college savings plans: These state-sponsored plans are investment accounts that can be used to pay for college expenses.
- Prepaid tuition plans: These plans allow people to pre-pay for all or part of a public college education.

NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

BROKER DISCLOSURE STATEMENT

This Broker Disclosure Statement ("Statement") is made between the undersigned customer ("Customer") and [Broker's Name] ("Broker"). By signing below, the Customer acknowledges and agrees to the terms outlined in this Statement.

1. Consent to Share Information

The Customer expressly authorizes and consents to the Broker sharing the Customer's personal and financial information with the Broker's business partners, affiliates, and constituents as necessary for the purpose of facilitating services, referrals, and related business activities. The Broker will take reasonable measures to ensure that any shared information is handled in accordance with applicable privacy laws and regulations.

2. No Investment Advisory Services

The Broker is not a licensed investment advisor and does not provide investment advice, financial planning, or recommendations regarding securities, stocks, bonds, or any other financial instruments. The information provided by the Broker is strictly for informational purposes and should not be construed as investment advice.

3. Referral to Licensed Advisors

The Broker may refer the Customer to licensed investment advisors or financial professionals for assistance with investment decisions. The Customer acknowledges that any engagement with such licensed professionals is at their own discretion and risk. The Broker bears no responsibility for any advice, recommendations, or actions taken by the referred professionals.

4. Limitation of Liability

The Customer agrees that the Broker shall not be held liable for any financial decisions made by the Customer, nor for any losses, damages, or consequences arising from referrals or information provided. The Customer is encouraged to seek independent professional advice before making any investment decisions.

By signing below, the Customer acknowledges that they have read, understood, and agreed to the terms of this Broker Disclosure Statement.

Customer Name: _____ Customer Signature: _____

Date: _____

Broker Name: _____ Broker Signature: _____

Date: _____