



How much life insurance should you own?



Immediate Cash Needs (Short-Term)

Final Expense/Emergency Fund

Cash needed to cover medical and funeral costs and unexpected bills such as auto/home repair

\$ _____

Mortgage/Debt Fund

Cash needed to pay off mortgage, personal loans, credit cards and any outstanding debts

\$ _____

Educational Fund/Dependent Care Expenses

Cash to provide for education costs for dependents or cash to provide care for dependents

\$ _____

Total Immediate Cash Needs

\$ _____ (A)

Income Needs (Long-Term)

Desired Annual Income for Family (*Consider 75% - 80% of present income as goal*) \$ _____ (B)

Other Annual Income:

1. Spouse Income \$ _____

2. Social Security \$ _____

3. Other Income \$ _____

Total of 1, 2 and 3 - \$ _____ (C)

Annual Money Needed (B - C = D) \$ _____ (D)

What interest rate could you earn on your investments each year? _____ (Assumed Rate)

To find "Total Fund Needed" (line E) divide "Annual Money Needed" (line D) by assumed interest rate and enter on line E. Example: If line D is \$20,000 and you divide it by .05 (5% assumed interest rate), the result equals \$400,000. You would enter \$400,000 on line E.

Total funds needed to provide future annual income \$ _____ (E)

Amount of capital needed (A + E) \$ _____ (F)

Less Extra Capital Available

Existing life insurance and other cash sources - \$ _____ (G)

Total Capital Needed (F-G = H) \$ _____ (H)

Personal Information

Name: _____ Agent/Agency: _____

Address: _____ Phone No.: _____

LIFE INSURANCE				
Owner	Company	Death Benefit	Premium	Beneficiary

RETIREMENT PLANS					
Owner	Retirement Age	Plan Type	Yearly Contribution	Retirement Objective Dollars	Annual Retirement Income

Life Insurance Quote Request

Face Amounts: #1 _____ #2 _____ #3 _____

Type of Plan: Term Life: _____ years Whole Life: _____ Universal Life: _____

Riders: Disability Income Rider: \$ _____ Critical Illness Rider: \$ _____

Term Insurance Rider for Children: \$ _____ Waiver of Premium Rider: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Tobacco Use: Do you currently use tobacco? _____ Type Used: _____

Have you used tobacco in the last 3 years? _____ How often? _____

Driving Record: Have you had any DUI or moving violations in the last 3-5 years? Yes or No

Health Status (include current conditions, medications and treatments): _____

Family History:

	Age if Living	Age at Death	Current Health or Cause of Death
Father			
Mother			
Brother			
Sister			

Remarks: _____

Client Signature: _____ Date: _____

Agent Signature: _____ Date: _____