

THREE OBJECTIVES | Affordable · Comfortable · See if you qualify

P#	DOB:	P#	DOB:
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Name: Age: Occupation: Medications: Smoker: Y / N	Name: Age: Occupation: Medications: Smoker: Y / N
Surgeries: Why for Ins:	Surgeries: Why for Ins:

Medical Conditions: Heart Attack / Stroke / TIA (Mini-Stroke) / Congestive Heart Failure / Pacemaker / Angina / Stents
 HBP/ Diabetes (Pills or Insulin) / Neuropathy / Cancer / Lupus / RA/ Asthma & COPD (Inhaler, Oxygen)
 Thyroid / Anxiety / Depression / Dementia / Alzheimer's / Kidney or Liver Disease / HIV - AIDS

Age diagnosed w/ Diabetes? _____ **Units insulin:** _____ **A1C:** _____ **Complications:** _____

Timeline on other health issues:

Mortgage/ Rent (MO): _____ **MTG Term:** 15/ 20/ 30 _____ **Refi or New Purchase** _____ **Interest Rate:** _____
Loan Amount: _____ **House Value:** _____ **Equity:** _____

Do you pay extra towards the mortgage to pay off the loan early? Y / N If so, how much per month?

Do you have Life insurance? Y / N - Private / Work

Who will be your beneficiary?

Applicant #1: _____ **Applicant #2:** _____

☆ **Are you more of a spender or a saver?**

★ **Do you have anything else in place that acts like life insurance, such as**

401k · IRA · ROTH-IRA · STOCKS · BONDS · MUTUAL FUNDS · Pension Plan · CD · Significant Savings?

If yes: Current or Past employer? _____ **Is it protected from market risk?** Yes, _____ No _____

Current Income and source: (Employed / Self-Employed / Social Security / Disability / Retirement)

Applicant #1: \$ _____ **Applicant #2:** \$ _____

Discretionary income: \$ _____ **Discretionary income:** \$ _____

Do you have a will? Y / N **Last Updated?** _____ **If no: give link for:** www.doyourownwill.com

Insured Information:

First Name: _____ Middle Name : _____
Last: _____
Phone #: _____
Email: _____
Gender: M / F DOB: _____
Birth State/ Country: _____
SSN/ ITIN #: _____
Visa Type: _____ Perm Res Card #: _____

Residential Address:

_____ Yrs @ Addy: _____
Mailing/ Prior Address: _____
Drivers Lic/ ID #: _____
Issued State: _____ Exp: _____ Issue: _____
Passport #: _____ Country: _____

Beneficiary Information:

Primary Beneficiary Information:

Name: _____ Split: _____
Relationship: _____ DOB: _____
Name: _____ Split: _____
Relationship: _____ DOB: _____
Name: _____ Split: _____
Relationship: _____ DOB: _____

Contingent Beneficiary Information:

Name: _____ Split: _____
Relationship: _____ DOB: _____
Name: _____ Split: _____
Relationship: _____ DOB: _____

Financial Information:

Name of Employer: _____
Address: _____
Years at Employer: _____ Occupation: _____
Annual Income: _____ Net worth: _____
HH Annual Income: _____ HH Net worth: _____
Liquid NW: _____ Monthly Expense: _____

Banking info:

Name of Bank: _____
Routing: _____
Acct: _____
Acct Type: Checking/ Savings **Draft on:** Approval / Effective Date
Initial Draft day: _____ Reoccurring day: _____

Existing Coverage Information:

Policy Type: Term/ Whole Life/ Universal Life (circle one)
Company Name: _____
Policy #: _____ Premium: _____
Face Amount: _____ Exp Date: _____
Company Name: _____
Policy #: _____ Issue Date: _____
Face Amount: _____ Exp Date: _____

Insurance Applying for:

Company: _____ Policy #: _____
Face Amount: _____ Premium: _____

Personal Health:

Height: _____ Weight: _____ Tobacco: Y / N
Weight Loss last 12 Mo? Why? _____
Fathers Age: _____ Living: Y / N
If No, Reason: _____
Mothers Age: _____ Living: Y / N
If No, Reason: _____

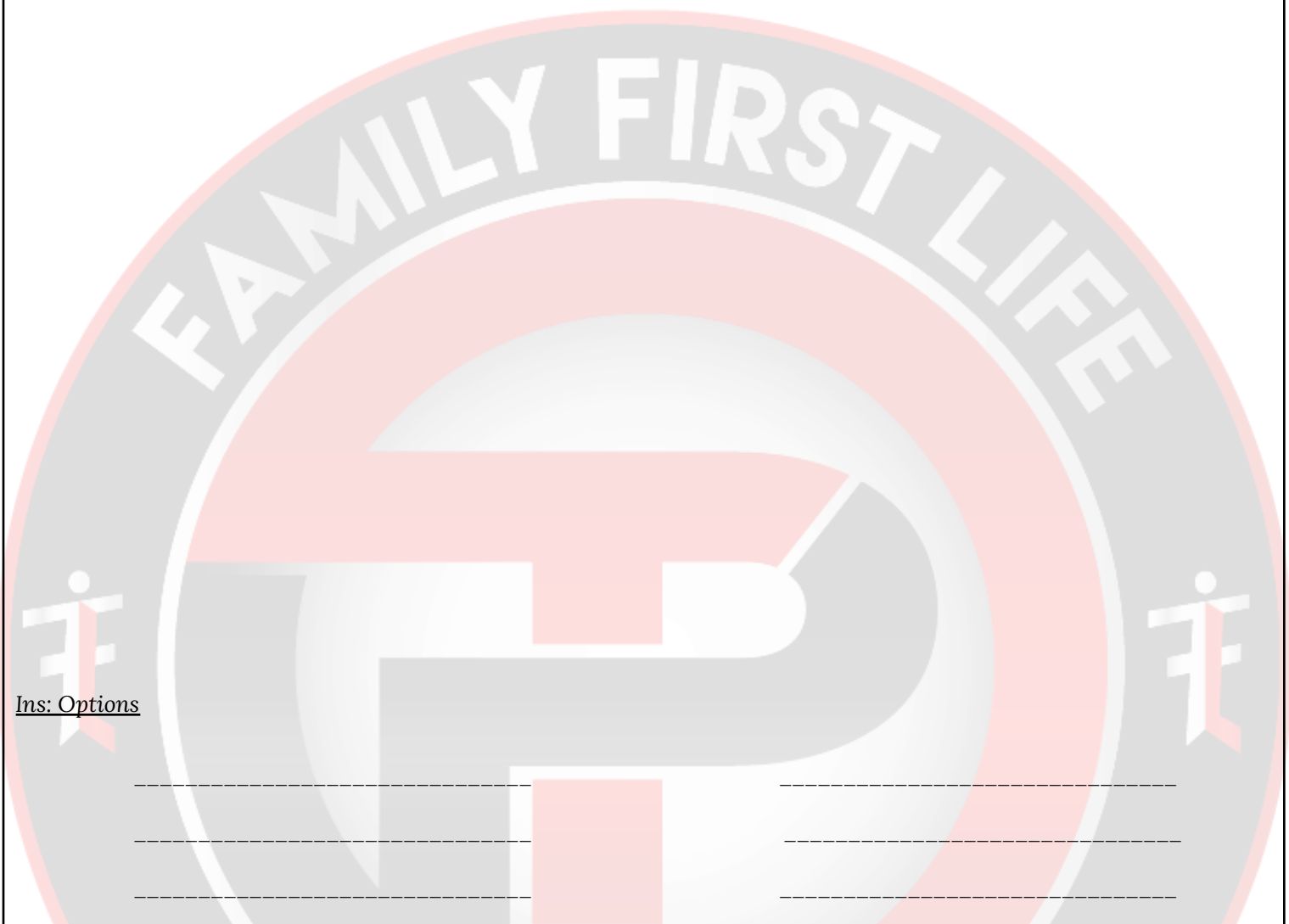
Physicians Information:

Physicians Name: _____
Clinic Name/ Phone #: _____
Address: _____
Last Seen Month: _____ Year: _____
Reason: _____ Results: _____
Diagnosis: _____ Date: _____
_____ Date: _____
_____ Date: _____

Prescriptions:

Drug: _____ Dosage: _____ Freq: _____
Drug: _____ Dosage: _____ Freq: _____
Drug: _____ Dosage: _____ Freq: _____
Drug: _____ Dosage: _____ Freq: _____
Drug: _____ Dosage: _____ Freq: _____

Miscellaneous: (List here any major medical illness/ Diagnosis/ Other Prescription/ Beneficiary/ Misc.)



Ins: Options

I now certify that all the above information is true. I also certify that I (The Client) relieve all responsibility for any misrepresented information from my agent(s) as it is my (The client) responsibility to provide accurate information and true information about myself and kin alike. I also authorize (Agent/ carrier): _____ to submit my information for life insurance application and underwriting purposes only. I understand my bank account will not be charged during the underwriting process. Once the application has been approved with: (Carrier) _____ . Payment will be deducted from the listed account for beginning and recurring withdrawals.

Client: _____ **Date:** _____

Producer: _____ **Date:** _____

Term = Temporary (EOT = End Of Term)	Whole Life/ Universal Life = Permanent
<ol style="list-style-type: none"> 1. 10-20-30 year coverage 2. The price stays the same and goes up at the end of term 3. Day 1 coverage (if approved) 4. Living Benefits (if applicable) <ol style="list-style-type: none"> a. Critical - heart attack/stroke/cancer /organ failure b. Chronic - can't do 2 of 6 ADLs (bathing, dressing, toileting, eating, transferring, incontinence [holding your bowel movements]) c. Terminal illness - 12-24 months, depending on the state. 5. If CBO/ ROP - 100% Cashback <ol style="list-style-type: none"> a. win/win/win scenario b. Live too long, die too soon, or get sick in the middle program takes care of you and your family c. Americo - Only Cash Back Option EOT d. MOO - ROP on EOT or Paid up insurance for life. 	<ol style="list-style-type: none"> 1. Whole Life never expires 2. The price stays the same and never goes up 3. Day 1 coverage (if applicable) 4. Programs build and compound interest. 5. Terminal illness benefits 50% 6. Accidental Death Benefit, which doubles the coverage. *if selected <p>-----</p> <ol style="list-style-type: none"> 1. UL/IUL - Permanent Coverage (pending CV) 2. Living Benefits (See Term column) 3. Income protected within the indexed acct. 4. Compound Interest 5. Tax-free accumulation 6. UL - 2-6% depending on the company 7. IUL - 0-10+% growth depending on the company

Carriers to write for ITIN/ No social security card holders:

Columbian Financial Group (CFG) - First application done with paper.

National Life Group (NLG) - Once contracted, all E-app no social, ITIN, will require additional info and docs.

Fidelity & Guarantee (F&G) - Once contracted, all E-app

Great Western (GWIC) -

Transamerica - with paper application

American Amicable (AmAm) - with work Visa/ green card and special doc filled out

VUL - Variable Universal Life

- **Must have a securities license to sell these programs - which we cannot sell with our life/ Health*
- Money is not safe because there is no floor for protection
- Policies typically lapse due to underfunding and loss within the variable/ stock accounts.
- Easy to replace (because of the safety of the UL/IUL).

FIA - Fixed Indexed Annuities: Word Tracks for Annuities

- “How much of the money in your (account type) are you willing to lose?”
- “If we could protect your money from ever being lost in the market, locking in your gains, would you find value in this?”
- “Average growth of 10 years is between 5-11% depending on how programs are designed.”
- Protection from downside risk within the stock market.
- Provide income you can't outlive your money (the deficit within retirement years)
- Pass the remainder of funds as a death benefit.
- “Reallocating the funds from one piggy bank to another” *****

Goal is to: Book A Meeting From A Meeting (BAMFAM)

Generating Referrals:

"You couldn't do me a small favor, could you?"

"You wouldn't happen to know just one person..

... someone who, just like you, would benefit from reviewing their life insurance options?

STAY quiet!! Let them answer:

If they're struggling to think of someone:

"Don't worry. I'm not looking for their details now, but who did you have in mind?"

Name	Phone Number	State	Notes/ Relationship

"You couldn't do me a small favor, could you?"

Next time you see (name), could you share with them a little bit about how it was doing business with me and see if (they) are perhaps open-minded about taking a phone call from me to see If I can help them the same way I helped you?"

"Would it be okay if I gave you a call next week to find out how the chat with (name) went?"

Call next week/whenever you said you would:

"I'm guessing you didn't get around to speaking to (name?)."

"Is it possible to call them now or put us together in a group text?"