MAIN CONCERN

(Protect ____ from what outcome?)

MORTGAGE PRO

1. Leave no burdens for spouse/fam
2. Make Easy To Transfer Asset
3. Guarantee Elig. For Rev. Mort

(Debt/Loan)	(Type)	(Term)
$	Purch / Refi	15* 20 * 30

(Monthly: $	(Ownership)	YRS @	% Rate
$	Loan/Title/Trust	RES: ___	___

Pay Extra: (Y/N) **APPRAISED:**
$: **EQUITY:**

FEX

1. No Burial Life Insurance
2. Need More
3. Leave Legacy

CREMATION/BURIAL:$		
DEBT / MISCELL :$		
DESIRED LEGACY :$		
Budget: TOTAL		
7% $	5%	3%

IBC/IUL

1. B.Y.O.B
2. No Retire
3. Sup Retir.

Retire Acct: Y/N
Pension Plan: Y/N
Save/Lump: Y/N
F.I. #?
Budget:

NAME :

D.O.B AGE:

FT___ IN ___ LBS | TOBACCO: **Y/N**

OCCUP: RET / DIS / FT . PT

INCOME

$Job/Biz:

$Soc. Sec:

$Pension/Disib: **Transfer Y / N**

TOTAL: $ LOST:

CURRENT LIFE INS: **Y/N**

CARRIER	FACE	$

ANYTHING ACTING LIKE LIFE INS: Y/N

SAVINGS *401K *IRA *STOCKS

COMPANY	AMOUNT	TYPE
COMPANY	AMOUNT	TYPE

IS IT PROTECTED FROM LOSS? **Y/N**

ELIGIBITY SHEET

BUDGET PROTECTION

Income: $

Rent:	
Util:	
Food:	
Phone	
Auto	
Debt	
Fuel	
Habits	
Fun	
T/V	
Total Exp	
Avail	$

NAME :

D.O.B AGE:

FT___ IN ___ LBS | TOBACCO: **Y/N**

OCCUP: RET / DIS / FT . PT

INCOME

$Job/Biz:

$Soc. Sec:

$Pension/Disib: **Transfer Y / N**

TOTAL: $ LOST:

CURRENT LIFE INS: **Y/N**

CARRIER	FACE	$

ANYTHING ACTING LIKE LIFE INS: Y/N

SAVINGS *401K *IRA *STOCKS

COMPANY	AMOUNT	TYPE
COMPANY	AMOUNT	TYPE

IS IT PROTECTED FROM LOSS? **Y/N**

GI: Confined Wheel Chair * Alzheimer's * Dementia * ALS * Organ Transplant * Dialysis * 02 Assisted Breathing * Terminal Illness
HEART: Attack * Stroke * Stents * Cardiomyopathy * CHF * Defibrillator * TIA * Angina * Bypass * Pacemaker * Valve Disorder * Aneurysm
DIABETES: Pills OR Insulin - **COMPLICATIONS**: Neuropathy * Diabetic Coma * Insulin Shock * Amputation
GENERAL: Anxiety / Depression * Cancer * HBP *Cholesterol* Asthma * COPD * Sleep Apnea * Liver/Kidney Disease * Cirrhosis * Hepatitis

Medications | Hospitalizations |

Medication Name	Reason Prescribed

Medication Name	Reason Prescribed

1st Benef: **Tel:**
D.O.B **REL:**
2nd Benef: **Tel:**
D.O.B **REL:**

E.R.S

1.	2.	3.
REL:	REL:	REL:
#	#	#

1st Benef: **Tel:**
D.O.B **REL:**
2nd Benef: **Tel:**
D.O.B **REL:**

E.R.S

1.	2.	3.
REL:	REL:	REL:
#	#	#

I *accept* / decline the Mortgage Protection / FEX / I.B.C/ IUL/Annuity options that were given to me:

X SIGNATURE

DATE:

CLIENT 1 _____ CLIENT 2 _____

PHONE ( ) - ( ) - PHONE

PHYSICAL MAILING ADDRESS					
EMAIL					EMAIL
		DOB	AGE		
		HEIGHT	WEIGHT		
		SSN			
		BIRTH CITY/STATE			
		DRIVERS LICENSE / I.D. #			
		MAIDEN			
		DOCTOR OR CLINIC NAME			
		CLINIC ADDRESS			
		CITY/ ZIP / PHONE			
BANK / CREDIT UNION:		DIR. EXPRESS #: - - - -		EXP CVC	
ROUTING:		ACCOUNT #:			

MORTGAGE PROTECT SOLUTIONS ⟶ FULL PAY-OFF | PARTIAL PAY-OFF | EQUITY CONSERV. | BURIAL/CREMATION | INCOME REPLACE | INCOME REPLACE ⟵ FINAL EXPENSE SOLUTIONS

OPTION #1

DRAFT

EFF. | RECURRING

$	NATURAL	NATURAL	$
$	ACCIDENTAL	ACCIDENTAL	$
$	LIVING BENEFIT	LIVING BENEFIT	$
$ / MO		MO/	$
CARRIER:		CARRIER:	
NOTES:		NOTES:	EFF. RECURRING

OPTION #2

DRAFT

EFF. | RECURRING

$	NATURAL	NATURAL	$
$	ACCIDENTAL	ACCIDENTAL	$
$	LIVING BENEFIT	LIVING BENEFIT	$
$ / MO		MO/	$
CARRIER:		CARRIER:	
NOTES:		NOTES:	EFF. RECURRING

OPTION #3

DRAFT

EFF. | RECURRING

$	NATURAL	NATURAL	$
$	ACCIDENTAL	ACCIDENTAL	$
$	LIVING BENEFIT	LIVING BENEFIT	$
$ / MO		MO/	$
CARRIER:		CARRIER:	
NOTES:		NOTES:	EFF. RECURRING

***NOTE: CANNOT DECIDE TODAY. ONLY THING WE CAN DO IS SUBMIT APPLICATION FOR COVERAGE.**