

NewLife Insurance Marketing

Client Profile as of ____ / ____ / ____

Name: _____	Spouse: _____	Children: _____
Birthdate: _____	*	*
Smoker/Non: _____	*	*
Health: _____	*	*
Address: _____		
Phone: Home _____	Business: His _____	Her's _____
Best Time to Call: _____	Email: His _____	Her's _____

Husband's Income: \$ _____ **Occupation** _____

Spouse's Income: \$ _____ **Occupation** _____

Mortgage Balance or Monthly Rent:
\$ _____

Installment Debts: Auto Loans: \$ _____

Credit Cards: \$ _____

Bank Notes: \$ _____

Other Installment Debts: \$ _____

Total Installment Debts: \$ _____

Current **Savings** Balance: \$ _____

Current Life Insurance:	Death Benefit	Premium	Current Equity
Husband:	\$ _____	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____	\$ _____
Children:	\$ _____	\$ _____	\$ _____

Current **Disability** Insurance Plan: _____

Current **Major Medical** Plan: _____

Other Insurance Programs:

Health Considerations: _____

Notes: _____

NewLife Insurance Financial Planning Analysis

***** CASH NEEDS *****

Immediate Money Fund

This fund is for bills that will be presented after death, which will have to be paid.

*Medical/Hospital Expenses *Federal Estate Taxes

*Burial Expenses *Probate Court Costs

*Attorney's/Executor Fees

50% of annual income may be sufficient

YOU

SPOUSE

\$ _____ \$ _____

Debt Liquidation: Pay off Debts

*Total of Installment Debts *Unpaid Notes

*School and Auto Loans *Outstanding Bills

\$ _____ \$ _____

Emergency Fund: Unexpected bills which could not be paid from current income.

*Major home or auto repairs

*Medical emergencies

One times annual income may be sufficient

\$ _____ \$ _____

Mortgage/Rent Payment Fund

What would it take to pay off your mortgage? or provide a ten year rent fund?

Monthly Rent \$ _____ x 120 Months =

\$ _____ \$ _____

Child/ Home Care Fund

To pay expenses created by the death of a spouse who is now performing these duties.

Three times annual income may be sufficient.

\$ _____ \$ _____

Education / Vocational Fund

The cost of four years of college or vocational training. \$20,000/child minimum.

\$ _____ \$ _____

Sub Total

\$ _____ \$ _____

Current Savings and Existing Life Insurance

\$ _____ \$ _____

New Life Insurance Required	\$	\$
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Disability Income Protection Needed		
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(60% of income) \$

\$

Completing the Client Profile

“My goal is to improve your position and help you make your dreams come true. To be able to work with you I need to know the information on this form. There will be other areas that we need to discuss when we get together, but this will serve as a base of information.”

If you need additional room, please write on the space below or include additional sheets.

Line by line explanation of my request:

Line 1: Your name, your spouses name and the names of children.

Line2: **Birthdate.** Please give month, day and year. Most of our study is based on your future needs and we need your current age as our base.

Line 3: Do you smoke cigarettes? Most insurance products give discounts for non-smokers.

However, we have excellent rates for smokers too. Do you use any tobacco product?

Line 4: Classify each persons health. Excellent, good or poor.

Line 5: **Address:** Your correct mailing address. Where do you want correspondence from me sent to you such as annual reports on your plans and updates on new programs?

Line 6: **Phone:** Please include your correct phone numbers. Where can I reach you by phone?

Line 7: Best **time to call**. When can we best talk to you? **Email addresses**: Where to send info?

Income information: Please give me approximate annual gross income and your occupation.

We need this info to calculate basic retirement and income replacement needs.

Mortgage balance or rent: About what would it take to pay off your home? Or amount of rent.

Installment Debts: Include approximate amounts owed.

Current Savings: Include savings accounts, CD's, retirement plans etc.

Current Insurance: These values will be needed in calculating needs. Please give as much detail as you can as far as other insurance you have, excluding your property insurance.

Health Considerations: Are there any health problems that I need to be aware of when reviewing your needs. Height and weight considerations? Blood pressure?

Other information that you think may be helpful: _____

[illegible]