



Life | Health | Retirement

PERSONAL FACT FINDER

# Client Profile

Date \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Souse Name \_\_\_\_\_ DOB \_\_\_\_\_

Is the client a US Citizen? Y/N (circle one) Is the spouse a US Citizen? Y/N (circle one)

Primary Contact: Client or Spouse (circle one)

Primary Residence Address

Address City St Zip

Preferred Mailing Address (if different than primary)

Address City St Zip

## Contact Information

	Phone Number	Best Time to Call
Residence	( )	
Cell Number	( )	
Business	( )	
Email	( )	
	Primary:	
	Alternative:	

## Family Information

Name	DOB	M/F	Relationship

Appointment Date & Time \_\_\_\_\_

You may complete this page prior to the appointment.  
The remainder of the Fact Finder should be used during the sales presentation

Personal Data	Individual	Spouse
Name of Employer		
How long have you worked there?		
What are you duties?		

Do you currently have:

**Health Insurance**      yes      no

Is it a Group or Individual? \_\_\_\_\_

How many times have you or a member of your family been admitted to the hospital or had surgery in the past 5 years?

### Life Insurance

Do you have term life / whole life or are you in between coverage?      yes      no

Does your health plan come with disability?      yes      no

How long could you or your family manage financially if you weren't working because of an accident or illness?

(Income Protection) \_\_\_\_\_

a. What would you do then?

b. How would you afford your health insurance when you need it most?

Remember, building long-term relationships is the key to being successful. You will want to take care of each type of insurance in the order of priority to your client.

## Survivor Needs Analysis (LIFE)

### Immediate Cash Needs & Income Needs

	For Survivors of Client	For Survivors of Spouse
	Amount	Amount
Final Expenses	\$	\$
Emergency Fund	\$	\$
<b>1. Immediate Needs Subtotal</b>	\$	\$

### How much would it cost to pay off your mortgage and other debts?

Mortgage	\$	\$
Auto Loans	\$	\$
Credit Cards	\$	\$
Outstanding Loans	\$	\$
Other Debts	\$	\$
<b>2. Debt Elimination Subtotal</b>	\$	\$

### How much would your family need to provide for your children's needs?

Daycare	\$	\$
College Fund	\$	\$
<b>3 . Children's Needs Subtotal</b>	\$	\$

**If you died yesterday – how much money would your family need to replace your income, and for how long?**

Annual Income	\$	\$
Number of Years		
<b>3. Income Continuation Subtotal</b>	\$	\$

**Add the four categories together to determine the gross income of insurance needed.**

<b>1. Immediate Needs Subtotal</b>	\$	\$
<b>2. Debt Elimination Subtotal</b>	\$	\$
<b>3. Children's Needs Subtotal</b>	\$	\$
<b>4. Income Continuation Subtotal</b>	\$	\$
<b>= Total Need</b>	\$	\$

**Subtract from the Total Need by the amount of insurance currently in force (from next page) to arrive at the net amount of life insurance needed.**

<b>Total Need</b>	\$	\$
<b>-Life Insurance in Force</b>	\$	\$
<b>=Net Life Insurance Need</b>	\$	\$

How much can you set aside on a monthly basis to take care of this need and provide security for your family?

\$\_\_\_\_\_.



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