

Life Insurance Review Questionnaire

Advisor Name _____ Insured _____

M/F S N/S Date of Birth _____ Address _____

Insured SS# _____

Owner _____ Owner Tax ID# _____

Beneficiary _____

What is the purpose of the insurance?

Death Benefit

- Spouse/Family Protection
- Debt Protection
- Income Replacement
- Key person
- Estate Taxes
- Buy/Sell Funding
- Final Expenses
- Deferred Compensation

Cash Accumulation

- Supplement Retirement
- College Funding
- Deferred Compensation
- Split Dollar

Description of purpose _____

How long will coverage be needed? _____

What is the health of insured? Any significant health problems? _____

Other information/comments _____
